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ABSTRACT

This final report describes activities and accomplishments of a four-year federally supported program to implement and evaluate services to children with deaf-blindness in Mississippi. The program focused on three major goals: (1) identification of eligible participants and maintenance of the Deaf-Blind Registry and census update; (2) provision of family/early interventionist training and interagency collaboration for assessment, referral, and implementation of early intervention services for infants and toddlers; and (3) provision of cost-effective technical assistance activities to families, service providers, and agencies with an emphasis on vision/hearing, communication, functional skills, inclusion, and adult transition. The project's activities and services were provided to approximately 150 infants, children, and youth, their families, and service providers. The report describes activities and outcomes for each objective under these three goals. Six appendices include the Deaf-Blind Registry referral/census update packet, program products, technical assistance forms and procedures, information about the project's Web site, the management by objectives guide, and a list of the program's advisory board members. (DB)

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Mississippi Services for Children and Youth with Deaf-Blindness

ED 437 752

FINAL REPORT

12/31/99

Mississippi Services for Children and Youth with Deaf-Blindness
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Awarded to:

The University of Southern Mississippi
Department of Special Education
Box 5115
Hattiesburg, MS 39406-5115
601-266-5135

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I. EXECUTIVE SUMMARY

The Department of Special Education at the University of Southern Mississippi proposed to implement and evaluate the Services to Children with Deaf-Blindness Program, authorized under PART C, Section 622 of the Individuals with Disabilities Education Act (IDEA). The proposed activities and services were available to approximately 150 infants, children, and youth, their families, and service providers throughout the state of Mississippi.

In October of 1994, Mississippi became obligated to make available free and appropriate early intervention services to infants and toddlers (birth to age three) under Part H. However, many of these children remained on waiting lists for services, especially in rural areas. There existed three primary needs for infants and toddlers who are deaf-blind. First, there was a need for immediate family consultation and early, family-centered training. Second, there was a need for intensive training of the early interventionists who were hired through Part H. Third, there was a need for interagency collaboration for early identification, referral, IFSP development, and technical assistance.

The State Plan (Part B) provided educational services for children and youth, three years through 20 years of age. Whereas the children and youth who are deaf-blind are provided with an educational program, the majority of these children remained underserved in the following ways: (a) teachers had not been trained in deaf-blindness or severe disabilities, with many teachers having emergency certification (State Plan, 1995-1997); (b) the majority of students were not eligible for speech, language, and communication services based on the state eligibility criterion; additionally, the majority of students did not have a conventional communication system that was utilized or taught in the educational environment, (c) there were no vision specialist services readily available for students unless they were in a segregated facility, (d) the majority of students were educated in restrictive, segregated settings, and (e) families were often unaware of the specialized services necessary for their child to reach his/her potential.

The lack of available services and preservice training programs across the state necessitated the provision of more intensive, on-going technical assistance and training for both families and service providers.

The proposed project objectives and activities were directed at three major goals:

1. The identification of eligible participants and the maintenance of the Deaf-Blind Registry and census update.

2. The provision of family/early interventionist training and interagency collaboration for the assessment, referral, and implementation of family-centered, early intervention services for infants and toddlers.

3. The provision of training and an array of cost-effective technical assistance activities to families, service providers, and agencies with an emphasis on vision/hearing, communication, functional skills, inclusion, and adult transition.

The overall impact and benefit of the program was a stronger, more cost effective service delivery system for infants, toddlers, children and youth who are deaf-blind, and their families. Additional benefits included an increase in the numbers of youth having effective communication systems, opportunities to socially interact with other students, and job training and employment opportunities.

II. DESCRIPTION OF THE PROJECT

The project provided training and technical assistance to children/youth (birth to age 21 years) throughout the state of Mississippi who are, or are likely to be diagnosed as having deaf-blindness.

As of October, 1994, the state of Mississippi, under Part H, is obligated to provide early intervention services (Department of Health as Lead Agency) to infants and toddlers, birth through age 2 who are developmentally delayed. Under Part B of IDEA, the State is obligated to provide a free and appropriate education for those children/youth ages 3 through 20. Therefore, under that authority, the project could not provide <u>direct</u> early intervention services or educational services.

III. CONTEXT

The primary focus of the proposed project was the delivery of the most cost-effective services to impact the greatest numbers of children/youth who are deaf-blind, their families, and service providers. A secondary focus of the project was to collaborate with various agencies for systems change for the most effective and efficient service delivery.

The design of the project, the objectives, and activities centered around three major goals:

1. Identification of eligible participants and maintenance of the Deaf-Blind Registry and census with documentation to the Local Educational Agency and families.

2. The provision of family/early interventionist training and interagency collaboration for the assessment, referral, and implementation of family-centered, early intervention services for infants and toddlers.

3. The provision of inservice training and an array of cost-effective technical assistance activities to families, service providers, and agencies with an emphasis on vision/hearing, communication, functional skills, inclusion, and transition.

IV. DESCRIPTION OF GOALS AND OBJECTIVES

TASK 1 - IDENTIFICATION AND MAINTENANCE OF THE DEAF-BLIND REGISTRY

OBJECTIVE 1.1

TO COLLABORATE WITH THE STATE DEPARTMENT OF HEALTH (PART H) AND STATE DEPARTMENT OF EDUCATION (PART B) AND ALL MENTAL HEALTH AND MEDICAL FACILITIES TO IDENTIFY INFANTS AND TODDLERS WHO ARE/OR AT RISK FOR DEAF-BLINDNESS

Activity 1.1a - Assist in the identification of infants and toddlers.

Activity 1.1b - Implement interagency referral process.

Activity 1.1c - Coordinate family/early interventionist training with Part H District Coordinators and Service Coordinators.

Outcomes for Objective 1.1

The numbers of infants and toddlers identified in each year of the project may be found in Table 1. Fewer infants and toddlers were identified than initially anticipated due to the

lack of implementation of an Early Intervention System in Mississippi.

Infants and toddlers were being assessed through the Department of Health. Related services such as physical therapy, occupational therapy, speech therapy and special education services were available in-home; therefore, vision and hearing issues were not addressed as immediate needs. Turnover of early intervention staff was high during the project period, and referral information was not always consistent. Additionally, early intervention personnel did not receive pre-service training as no degree is required in related fields for the position of service coordinator for the 12 health districts.

Therefore, the most pressing needs in the state of Mississippi continue to be:

- Need to increase interagency coordination
- Need for continued training for early intervention personnel

Table 1
Numbers of Infants and Toddlers Identified in Each Year of the Project

Age	Year I	Year II	Year III	Year IV	Total
Birth - 3	1	1	5	1	8

Most referrals of infants and toddlers were for medically fragile children with severe disabilities. As a result, the mortality rate was high among that population of the registry. Table 2 indicates the infants and toddlers removed from the registry and the causes for removal.

The Referral and census update process and forms may be found in Appendix A.

Table 2
Removals of Infants and Toddlers

Reason for Removal	Number Removed
Deceased	6
Moved	3
Not Hearing/Vision Impaired	4
TOTAL	**13**

OBJECTIVE 1.2

TO MAINTAIN THE DEAF-BLIND REGISTRY AND CONDUCT THE ANNUAL CENSUS

Activity 1.2a - Maintain on-going registry information.

Activity 1.2b - Conduct annual census and submit information to appropriate federal and technical assistance agencies.

Outcomes for Objective 1.2

The Mississippi Deaf-Blind registry is updated continually as information becomes available to project staff. The referral/update process may be found in Appendix A. The Registry is housed in an Access database that allows for ease of data manipulation that allows project staff to better serve the individuals on the registry.

There currently are 125 infants, children, and young adults on the deaf-blind registry. Table 3 presents the number of infants, children, and young adults on the registry throughout the four year grant cycle. The Registry count as of September 30, 1999 is indicated in the Year IV column.

Table 3
Infants, Children and Youth on the Deaf-Blind Registry

Age	Year I	Year II	Year III	Year IV
Birth to 3	12	13	2	0
3 - 5	30	32	29	3
6 - 13	54	57	63	59
14 - 21	55	58	51	63
Totals	**151**	**170**	**145**	**125**

TASK 2 - PROVIDE FAMILY/EARLY INTERVENTIONIST TRAINING FOR INFANTS AND TODDLERS

A strong philosophy of the project was that the most cost effective services and impact was direct family training for parents of infants and toddlers with deaf-blindness. This was especially critical in the first year of the project as Mississippi Part H had only recently been implemented.

OBJECTIVE 2.1

TO COLLABORATE WITH PART H AGENCIES IN EARLY INTERVENTION AND FAMILY TRAINING

Activity 2.1a - Provide direct, home-based training to families for infants and toddlers.

Activity 2.1b - Provide direct personnel training to early interventionists.

Activity 2.1c - Provide early intervention inservice training.

Outcomes for Objective 2.1

Currently, there is no systematic training on critical child development skills for early interventionists. It was anticipated that an increased number of early interventionists would be trained to incorporate perceptual skills, early communication skills, mobility, and appropriate adaptive skills into family-centered training. The numbers of Inservice Workshop Trainings provided by the project can be found in Table 4 below.

OBJECTIVE 2.2

TO COLLABORATE WITH EARLY INTERVENTION AND PRESCHOOL PROGRAMS IN TRANSITION TO PRESCHOOL

Activity 2.2a - Assist families and early interventionists to locate inclusive preschool settings.

Activity 2.2b - Provide training to preschool staff.

Outcomes for Objective 2.2

It was anticipated that an increased number of preschool children with deaf-blindness would be placed in inclusive settings. This increase should facilitate family advocacy for future inclusive placements and teach personnel in regular educational settings how to effectively include children with multiple disabilities.

Many local education agencies are choosing to provide services for infants and toddlers birth to 3 years of age and many families are familiar with their local school programs. Therefore, districts who do not provide early intervention

services are collaborating with the Department of Health to ensure a smooth transition.

The project coordinator served as the state Interagency Coordinating Council Transition Chair. A statewide committee worked together to implement strategies to ensure families across the state received information and resources needed for transition into school services. The project has also worked closely with Head Start centers which have served as inclusive environments for infants and toddlers with severe disabilities, including deaf-blindness.

TASK 3 - PROVIDE INSERVICE TRAINING AND AN ARRAY OF COST-EFFECTIVE TECHNICAL ASSISTANCE ACTIVITIES TO FAMILIES, TEACHERS, SERVICE PROVIDERS, AND AGENCIES FOR SCHOOL-AGE STUDENTS

The project was based on teacher-implementation, student outcome data, and adult learning research as it related to providing inservice training and technical assistance.

In the third and fourth year, project staff contributed to the development of competencies which will be utilized by the Department of Health to screen and train early interventionists. The Institute for Disability Studies at USM has led the initiative through the Comprehensive System of Personnel Development with the Department of Health, to ensure that early interventionists statewide are trained in the competencies developed by deaf-blind staff. The current deaf-blind project will continue to play a part in the CSPD by continued training of early interventionists.

The numbers of Inservice Workshop Trainings provided by the project can be found in Table 4.

Table 4
Inservice Workshop Trainings

Topic	Numbers of Persons Impacted			
	Professionals	**Paraprofessionals**	**Families**	**Peers**
Adaptations for Assessment	19		2	
Assessment	10		3	
Collaboration	105		14	
Communication	241	76	2	
Deaf-Blindness	157		1	
Early Intervention Training	10		2	
Curriculum Development	45		6	1
Embedding Skills	51		10	
Functional Skills	34			
Hand-In-Hand	105	1	6	
Vision/Hearing	82	72	2	
Inclusion	42		22	
Inservice	40			
Integrated Teams	2			
Job Development	20			
Multiple Disabilities	36		4	
Self-Advocacy	30		2	3
Sign Language	4			20
Transition (Early)	157	40	11	
Transition (Adult)	324		17	
Usher's	30	10	1	
Vision/Blindness	30			
TOTALS	**1574**	**199**	**105**	**24**

OBJECTIVE 3.1

TO COLLABORATE WITH THE STATE DEPARTMENT OF EDUCATION FOR A COMPREHENSIVE SYSTEM OF PERSONNEL DEVELOPMENT

Inservice training and technical assistance were directly coordinated with the State Department of Education, Local Educational Agencies, and the Parent Information & Training Center. The project made every attempt to encourage direct parent participation when providing inservice training and technical assistance visits. Inservice training topics were based on the identified needs of the service providers and families. Table 5 presents the training materials used or available for inservice training. In addition, the American Federation for the Blind's training materials, Hand in Hand: Essentials of Communication and Orientation and Mobility for Students who are Deaf-Blind, was used and disseminated throughout the state.

The materials were developed and field-tested to address the communication/language and mobility/orientation needs of individuals who are deaf-blind. Focus Flyer 8-13 were developed and disseminated during the project period, as well as the BRIDGES Developmental Wheel. Copies of the products developed by the project may be found in Appendix B.

Table 5
Products and Training Materials Available for Dissemination

Communication Module
Functional Curriculum Module
Personal Future's Planning Module
Integrated Teaming Module
Transition from Home-Based Services to School Module
Transition from School to Work Module
Decision-Making Process Manual
Parent Handbook
Process for Service Delivery
Focus Flyers:
1. Receptive Communication
2. Expressive Communication
3. Communication Interaction
4. Partial Participation
5. Functional Activities
6. Transition from Early Intervention to Preschool
7. Transition from School to Work
8. Full Inclusion for Learners with Severe Disabilities
9-10. Routine and Activity-Based Early Intervention
11. Focusing on Quality Services
12. Collaborative Teaming
13. Supporting Students with Deaf-Blindness

BRIDGES Development Wheel
Videotapes:
Expressive Communication
Receptive Communication
Daily Routines--Critical Skills
Interactional Skills

Activity 3.1a - Coordinate training sessions at the statewide Special Education Conference.

Activity 3.1b - Coordinate regional inservice training sessions.

OBJECTIVE 3.2

TO PROVIDE AN ARRAY OF TECHNICAL ASSISTANCE ACTIVITIES TO FAMILIES AND SERVICE PROVIDERS

Table 6 presents the participants benefitting from project services, the type of technical assistance, and the content area.

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Table 6
Technical Assistance by Type

TYPE	Number Conducted	Number of Hours
CONSULTATIONS	**545**	**750.17**
On-Site	191	457
Videotape Review	26	57
Telephone	328	236.17
TRAINING	**182**	**367**
Workshop	77	271.5
Model Site Demo/Visitation	102	89.5
Personal Futures Planning	3	6
INFORMATION/REFERRAL	**1441**	**760.59**
Meeting	263	548.5
Retreat	5	46
Dissemination	1117	138.17
Referrals	56	27.92

The project has refined the technical assistance procedures across the last four years. The technical assistance forms and procedures can be found in Appendix C.

Activity 3.2a - Provide technical assistance (TA) to LEA's with students who are deaf-blind with additional disabilities.

Activity 3.2b - Provide information/training to families.

Activity 3.2c - Provide technical assistance and/or counseling for student's who are deaf-blind without other disabilities.

Activity 3.2d - Provide technical assistance to LEA's and adult service agencies for transition activities.

Activity 3.2e - Provide information and resources to families, teachers, related service personnel, and agencies.

Table 7 provides the numbers of persons impacted across Technical Assistance types.

Table 7
Technical Assistance by Type and Number of Persons Impacted

Number of Contacts	Topic	Professionals	Paraprofessionals	Families	Peers
24	Adult Services	100	1	3	1
13	Advocacy/Protection/Legal	19		8	3
62	Assessment (Individual)	241	29	40	40
42	Assistive Devices	289	4	18	19
1	Audiology			1	
14	Behavior Issues/Management	38	16		19
53	Blindness/Visual Impairments/Low Vision	175	68	19	18
11	Community Integration/Living	48		5	2
13	Conceptual Development	45	1	5	6
12	Deaf-Blind Culture	67	71	1	2
25	Deafness/Hearing Loss	115	4	12	7
60	Early Identification/Intervention/Child Find	326	60	9	4
266	Educational Programs/Teachers/Curriculum	1049	208	178	109
21	Employment	67	1	2	6
14	Federal Funding Sources	48	34	60	2
2	Independent Living	2	0	2	2

173	Interagency Collaboration	1037	46	100	11
11	Interpreters	32	2	49	6
90	Language/Communication	204	65	44	62
14	Medical Issues/Health/Education/Genetic Counseling	134	60	5	4
2	Motor Development/Sensory Integration/Stimulation	5	2	0	3
6	Orientation & Mobility Training	7	0	2	4
105	Parenting/Family	140	3	90	15
15	Peer & Natural Support	32	8	2	12
5	Personnel Recruiting/Training	7	1	2	2
4	Physical Therapy	10	4	2	1
2	Post Secondary Education	1	0	1	0
12	Program Evaluation	13	8	3	10
16	Recreation & Leisure	38	5	13	5
7	Self Advocacy/Determination	34	1	2	4
1	Statistics/Demographics	1	0	0	0
58	Transition Planning/Training	457	21	70	10
1	Transportation			1	1
49	Hand-In-Hand	90	91	7	0
1204	**TOTAL**	**4771**	**814**	**756**	**390**

The project will continue to develop "Focus Flyers" (Appendix B) that are periodically mailed to the service provider and family of every individual on the Deaf-Blind Registry. The project also has a computerized Resource Library so that information on many topics related to deaf-blindness, best practices, inclusive educational practices, assistive technology, communication-language, adaptive skills, personal future's planning, etc. can be sent to anyone requesting the information.

Additionally, the project has provided resources to allow families to participate in statewide conferences relating to disability issues. Each year the project has supported at least five(5) families to attend the annual statewide Parent Partner Conference. Families have also requested and received support to attend conferences such as the Cerebral Palsy foundation of Mississippi, Mississippi Industries for Individuals with Disabilities (MIID), and BRIDGES (Bringing Resources, Inclusion, and Developmentally Appropriate Gains to Every Child In Mississippi). Other state agencies/programs such as the Institute for Disability Studies, the Department of Mental Health, and the Department of Health cosponsored trainings and workshops with the project on the local level.

One family now offers private educational consultation to other families in the state, at no cost, as a result of receiving training and resource information from the project. A family in north Mississippi has taken the lead role in developing parent support groups in their area due to the support our the project and Parent Partners.

Outcomes for Objectives 3.1 and 3.2

As a result of inservice training and technical assistance (TA) activities, more students who are deaf-blind have: (a) more effective communication systems, (b) opportunities to be included in regular educational activities, (c) opportunities for job training and employment in their home communities, (d) age-appropriate, functional skills being trained, and (e) opportunities to interact with their typical peers. Families have more support and information available to them to advocate for more appropriate services.

During the four year grant cycle, approximately eight(8) students, who were previously receiving services in a segregated facility, self-contained classroom, or in a home based setting, transitioned into a more inclusive environment. Four of those students also have access to a more consistent form of receptive and expressive communication. Assistive technology needs and other adaptations have been implemented with the collaboration of staff

at the T.K. Martin Center. This center is a statewide project which assist individuals with assessment, recommendations and implementations of augmentative communication devices. This effort has allowed students to be an active participant in school, home and the community.

Additionally, four students currently have a full time facilitator at school. Since there is currently no statewide criteria or competencies for facilitators, their role is defined at the local level. Three of the four facilitators have little to no training in the area of communication and disabilities and none have experience with individuals with deaf-blindness. Project staff have worked closely with families and service providers to provide the necessary training to these individuals. Several resources utilized by project staff include information from Jennifer Grisham Brown, Kentucky Deaf-Blind Project and the *You and Me Video Series* on communication and Facilitators. Training has been individualized and unique, and local, state and federal resources have been targeted to ensure cost effective, collaborative technical assistance. Orientation and mobility was a major support needed for one young adult who did not exhibit any other disability concurrent with deaf-blindness. The collaborative effort between the school district, vocational rehabilitation, and the Deaf-Blind project allowed cane training and other O & M needs to be addressed. These have truly been collaborative efforts which have greatly benefitted the individual students.

These efforts have resulted in more training of personnel in the Department of Mental Health, Vocational Rehabilitation. Project staff have worked jointly with this staff and school district personnel to identify potential work experience opportunities within the school and the local community. Person centered planning and methods of communication have been vital training needs provided by project staff to other related agencies.

The Mississippi Services for Deaf-Blind (MSDB) Website, which was developed in the third year of the project, has also contributed to the availability of information and resources by project staff as requested on the local, state and national level. Through email, individuals having access to the internet are able to request information from the project. A breakdown of individuals who have accessed the site is included in the Appendix D.

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TASK 4 - MANAGEMENT PLAN

Two major objectives were proposed to guide the management of the project. Each objective and activity was designed to support the management of the project, which includes the priority for maintaining the project performance measurement system. Monthly staff meetings were utilized to meet project goals and objectives in a timely and cost-effective manner. The Management By Objective forms may be found in Appendix E.

OBJECTIVE 4.1

TO IMPLEMENT A PERFORMANCE MEASUREMENT SYSTEM TO ENSURE REGULAR PROGRESS TOWARD PROJECT OBJECTIVES AND ACTIVITIES

Activity 4.1a - Conduct an analysis of project work scope.

Activity 4.1b - Collect and analyze regular measures of project performance.

OBJECTIVE 4.2

TO UTILIZE PROJECT AND NON-PROJECT RESOURCES EFFECTIVELY AND EFFICIENTLY

Activity 4.2a - Assign roles and responsibilities for project activities based on skills, knowledge, and experience of each staff person.

Activity 4.2b - Allocate and track project staff time across tasks and objectives.

Due to administrative staff turnover, (see Section V) staff roles and responsibilities were revised as needed to fulfill grant goals and objectives. Therefore, staff responsibilities were not consistent across each individual hired for a specific position. It was not possible to consistently track costs and staff time across activities and objectives and data pursuant to this activity is not presented.

Activity 4.2c - Monitor budget expenditures and cost analysis.

Activity 4.2d - Conduct staff training and updates.

Monthly staff meetings were utilized to review the budget, and allocate staff time and resources to obtain the most cost

effective delivery of services. During the monthly staff meetings, each staff member discussed his/her plans for the upcoming month. Any trips coinciding with other staff members/activities were combined for cost-effectiveness.

Advisory Board

Coordination and cooperation activities were organized through activities of the Advisory Board. The board continues to meet three times per year to review grant activities and to assist in the coordination of project activities with the members' respective agencies or organizations. Membership of the Advisory Board for the project period is included in Appendix F.

The Advisory Board continues to operate on virtually no budget. The meeting rooms continue to be provided free of charge through one of several collaborative agencies. A consumer was added in year III of the project and continues to serve on the current Advisory Board. Parent involvement on the board has increased over the past four years, with the current Advisory Board having four parent representatives.

The function of the Advisory Board was to:

1. Assist in the coordination of project activities with their specific agencies or organizations
2. Serve as resources to the project in their area of expertise
3. Assist in decision-making functions
4. Assist in gathering needs assessment data
5. Overview project activities and the degree to which they are being met
6. Review products and materials
7. Provide parent and family perspectives and facilitate family participation
8. Assist project in developing National Technical Assistance objectives with Helen Keller - TAC and TRACES.

TASK 5 - EVALUATION

The overall Evaluation Plan (Task 5) was designed to provide objective and quantifiable data for coordinating and conducting: (a) procedure effectiveness for trainee and learner gains in skills, (b) technical assistance effectiveness, and (c) formative and summative evaluation of project components.

OBJECTIVE 5.1

TO CONDUCT THE EVALUATIONS OF PARENT TRAINING, INSERVICE TRAINING AND TECHNICAL ASSISTANCE ACTIVITIES

Activity 5.1a - Select or develop appropriate measures to evaluate targeted requests and activities.

Activity 5.1b - Conduct technical assistance measures and analyze the data.

The McCallon Satisfaction Scale was used to measure trainee satisfaction after each inservice training or workshop. These data have been summarized for all trainings. An average score of 6.47 on a 7.0 scale was obtained by the project. The Range is from 5.75 to 7.0. The evaluations indicate that most workshops/trainings were well received by the training participants.

PROJECT TASK ACHIEVEMENT

Formative Evaluation

Each of the following data sources were collected from the staff on a weekly basis and reviewed by the Project Director at least once each month. The level of formative evaluation was extremely important in determining the level of effectiveness of each activity toward the stated objectives.

Summative Evaluation

The degree of implementation was used as a summative index of overall project success. The levels of formative and summative evaluation are provided in Table 9.

Table 8
Evaluation By Objective

Objective	Person Responsible	Date initiated-Completed	Anticipated Outcome	Degree of Actual Outcome				
				-2	-1	0	+1	+2
TASK 1 - IDENTIFICATION & MAINTENANCE OF REGISTRY OF PARTICIPANTS								
1.1 Comprehensive Identification	Coordinator	October 1995	10 new infants per year		5	10	15	
1.2 Maintain Registry	Director and Coordinator	October 1995	155-170 children/youth	145	150	155	165	170
TASK 2 - FAMILY/EARLY INTERVENTION TRAINING -								
2.1 Provide Family/Early Intervention Personnel Training	Director/Inservice Trainer	October 1995 to September 1999	15 families per year	5	10	15	20	25
2.2 Collaborate in Early Intervention Transition	Inservice Trainer	December 1995 to September 1999	5 preschoolers per year	1	3	5	67	10
TASK 3 - INSERVICE & TECHNICAL ASSISTANCE FOR SCHOOL-AGE STUDENTS								
3.1 Collaborate with SEA	Coordinator	December 1995 to February 1999	1 session at Super Conference per year	1	2	4	6	
			10 regional inservices per year	2	5	10	12	15
3.2 Provide Technical Assistance	Coordinator/Inservice Trainer		>200 on-site TA visits per year	150	175	200	225	250
	Transition Consultant		10 job placements per year	5	8	10	12	15
TASK 4 - MANAGEMENT PLAN								
4.1 Implement Performance System	Director and Coordinator	October 1995 to September 1999	Management by Objectives and Activities	80%	85%	90%	95%	100%

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4.2 Utilize resources	Director	November 1995 to September 1999	Staff-Time data Activities completed	80%	85%	90%	95%	100%
				Monthly Monitoring				
TASK 5 - EVALUATION								
5.1 Conduct evaluations on technical assistance	Coordinator	January 1996 to September 1999	a) Satisfaction 6.5 average on 7 point scale	6.1	6.3	6.5	6.7	6.9
			b) Pre-post 85% or 40% gain	<70%	80%	85%	90%	100%
			c) Skill demonstration at 85%	<70%	80%	85%	90%	100%
			d) Components implemented at 80%	70%	75%	80%	85%	90%
5.2 Conduct evaluation of project effectiveness	Director	November 1995 to September 1999	90% of each level of formative/summative evaluation completed	80%	85%	90%	95%	100%
TASK 6 - COORDINATION								
6.1 Coordinate with agencies	Director and Coordinator	October 1995 to September 1999	>1000 contacts with ten agencies or organizations Daily Documentation (average project - 20 week)	80%	85%	90%	95%	100%
				of anticipated contacts				
6.2 Coordinate with Federal projects	Director and Coordinator	February 1996 to September 1999	20 per year	0	10	20	30	40

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Table 9
Levels of Formative and Summative Evaluation Across Tasks

Type	Documentation of Degree/Time	Satisfaction	Change in Skills/Knowledge	Implementation	Learner Change
TASK 1 - IDENTIFICATION AND MAINTENANCE OF REGISTRY					
1.1 - Collaborate with Part H	. Number of contacts . Number of referrals across different agencies . Number of families				
1.2 - Maintain registry	Number of eligible participants				
TASK 2 - PROVIDE FAMILY/EARLY INTERVENTIONIST TRAINING					
2.1 - Family training . Technical assistance	. Number of families trained . Number completed on time/recommendation	. Parent feedback and satisfaction . Participant feedback	. Competency scores . Pre-Pose test	. Generalization scores . Videotapes	. PCI scores . IFSP . Target checklist from video
2.2 - Early Intervention Transition	Number of children transitioned to inclusive setting	Parent & staff feedback and satisfaction	6 month review (objective implemented)		Objectives met
TASK 3 - INSERVICE TRAINING & TECHNICAL ASSISTANCE TO SCHOOL-AGE					
3.1 - Technical assistance with Part B . Inservice Training	. Number completed on time/recommendation . Number completed on time	. Participant feedback . Participant feedback - McCallon	. Pre-post test . Percent of activities at criterion	. Video tapes . Number/level of practices implemented . % of recommendations implemented	. Target checklist from videos . Number of systems in place . Learner change . Communication samples
3.2					
3.3 - Adult transition	. Number of parents/ students involved	. Parent satisfaction and feedback . employer feedback		Job resumes	Number of youth with job experience/job placement
TASK 4 - MANAGEMENT PLAN					
4.1 - Performance measurement system	Number of timelines met/time-activity	Staff review		. Time implemented/time and level of completion . Product completion	
4.2 - Utilize resources	Number of program contacted	Intervention satisfaction	Staff training Pre-posttests	. Parent use data . Product completion	

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TASK 5 - EVALUATION					
5.1a - Evaluations on early intervention training	. Number of contacts per child/youth . TA . Inservice training	Parent ratings/effectiveness	Family resources obtained	. All records obtained . Parent information . Generalization	
5.1b - Evaluations on transition Plans and vocational training	Number of placements		Competency scores		. Consumer assessment . Situational assessment . Job analysis instrument
5.1c - Evaluations on technical assistance	. Number of parents . Number of service providers . Number of children receiving services	Participants satisfaction	. Pre-pose test . Number of modifications		
5.2 - Evaluation of project effectiveness and objective achievement	Computerized weekly updates				Levels of achievement (table 9)
5.3 - Cost analysis	. Time across activity . 30 minute time/task . cost per category			Cost per objectives	Cost per child/youth
TASK 6 - COORDINATION					
6.1 - Coordinate identification and referral	. Number of contacts . Type of contact with LEAs	. Number and type of feedback . Parent ratings		Number of implementing integrated teams	
6.2 - Coordinate activities with federally funded programs	Number of contacts	Satisfaction measures			
TASK 7 - DISSEMINATION					
7.1 - Utilization of programs	Number contacted	Number of requests			
7.2 - Dissemination	Number requesting information	. Field-test . Satisfaction . Use consumer friendly		Number and type of dissemination	

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OBJECTIVE 5.2

TO CONDUCT EVALUATIONS OF PROJECT EFFECTIVENESS AND TASK/OBJECTIVE ACHIEVEMENT

Activity 5.2a - Develop systems for data storage and management.

Activity 5.2b - Develop systems for data reporting.

The project maintained computerized information systems to enter, store, collapse, and analyze project data for different reporting purposes. Systems for data retrieval and analysis were utilized so that data output could be readily used in management of project task achievement.

The computer assisted data system was used to track all project tasks and objectives. Reallocation of resources and/or other modifications were made based on the data analysis. These systems continue to be used and refined in the management and evaluation of the current project.

OBJECTIVE 5.3

TO CONDUCT A COST ANALYSIS ACROSS PROJECT TASKS AND INSERVICE/TECHNICAL ASSISTANCE TRAINING ACTIVITIES

Activity 5.3a - To utilize cost data sources.

Activity 5.3b - Analyze and report cost effectiveness.

Due to the departure of up to three project directors during the four year period, cost effectiveness data across personnel and activities did not occur during the course of this project. However, the budget was reviewed monthly by the project director of their respective periods and allocations of budget funds were made to obtain the most cost-effective delivery of services across personnel time and resources.

TASK 6 - COORDINATION & COLLABORATION

OBJECTIVE 6.1

TO COORDINATE IDENTIFICATION, REFERRAL, INTERVENTION SERVICES, AND TRAINING ACTIVITIES WITH RELEVANT AGENCIES

Activity 6.1a - Coordinate the identification, referrals, intervention services, and technical assistance activities specific to infants and toddlers.

Activity 6.1b - Coordinate transition planning and vocational training activities with relevant agencies.

Activity 6.1c - Coordinate inservice training and technical assistance activities.

The number of Coordination and Cooperation contacts made during the four year of the project are presented in Table 10.

Table 10
Coordination & Cooperation Contacts

TYPE OF CONTACT	**1537**
Agency	742
Service Provider	391
Family	404
LEVEL	**1539**
Project/State	1431
Regional/National	108

OBJECTIVE 6.2

TO COORDINATE RELEVANT PROJECT ACTIVITIES WITH FEDERALLY FUNDED PROGRAMS

Activity 6.2a - Coordinate project activities, products, and data with TRACES and the Technical Assistance Center for Young Adults.

Major Project Activities Coordinated with Agencies and Organizations.

Activity 6.2b - Coordinate relevant project activities with PART C, D, E, F, and G- funded programs.

Table 11 presents the types of Coordination & Collaboration across agencies.

Table 11
Types of Coordination & Collaboration Across Agencies

SERVICE COORDINATION	AGENCY/ORGANIZATION •
Early Identification	• Department of Health • State Department of Education - Child Find • University Medical Center • Parent Advocacy • Diagnostic and Evaluation Centers - MRDD • Memphis & New Orleans Hospitals • Home Health Agencies
Early Intervention	• Some LEA's • MRDD - Early Intervention Programs • Parent-Child Centers - Head Start • State Department of Health • Local Interagency Coordinating Councils • Private Providers • Home Health Agencies
Best Practices and Innovative Approaches	• LEA's/SDE • Residential facilities - MRDD • Protection and Advocacy • Parent Information & Training Center • Project START (Assistive Technology)
Transition Planning/ Vocational Rehabilitation	• LEA's/SDE • Office of Vocational Rehabilitation • MRDD • Commission for the Blind
Parent and Family Services	• Department of Human Services • Parent Information & Training Center • Arc-MS • Parent and Family Network • Protection and Advocacy • Parent Partners
Advocacy	• Coalition for Persons with Developmental Disabilities • Parent Information & Training Center • Human Service Coalition • Parent Partners • Protection & Advocacy

VII. DISSEMINATION

TASK 7 - DISSEMINATION

OBJECTIVE 7.1

TO IDENTIFY CRITICAL AGENCIES AND PERSONS TO RECEIVE INFORMATION RELEVANT TO PROJECT ACTIVITIES

Activity 7.1a - Identify all agencies and the contact person to disseminate identification, referral, service, and registry information.

Activity 7.1b - Contact each school district for identification and needs assessment.

Activity 7.1c - Maintain dissemination activities.

The project's dissemination objectives and activities included the identification of critical agencies and persons within the state to receive significant project information. Attempts to increase awareness and identification activities were made through brochures, direct phone calls, and collaboration with other agencies. A 1-800-000# continues to be available to parents, consumers, or others serving children/youth on the registry. The project mails out Deaf-Blind Registry Forms to each school district during the annual census. Information is made available to the school districts and families about technical assistance opportunities and for verification purposes to update the registry.

The project continues to disseminate project Focus Flyers (Appendix B) to parents, service providers, and relevant agencies three (3) times a year to continue awareness and service activities and to provide resources.

OBJECTIVE 7.2

TO DISSEMINATE PROJECT ACTIVITIES, PRODUCTS, AND FINDINGS ON A NATIONAL LEVEL.

Activity 7.2a - Present at 2-3 major conferences relevant to individuals with deaf-blindness.

Activity 7.2b - Disseminate products and information.

Presentations...

Activity 7.2c - Evaluate all dissemination activities.

Each presentation will be evaluated for participants satisfaction.

V. MAJOR CHALLENGES & SOLUTIONS

The project's major challenge throughout the four years was due to staff turnover. As the Project Director and Principal Investigator, Kathleen Stremel, who had spent over 8 years directing grants at the University of Southern Mississippi resigned in May of 1996, the site review team recommended one of two options. (1) Elevate Ms. Bennett to Project Director and hire additional staff who had experience with school-age students with deaf-blindness, or (2) hire a Project Director who had experience in the areas of school-age students with deaf-blindness and systemic (administrative) issues. As leadership changes, it is important that effective staff be hired who are dedicated to the mission of the project and have appropriate experience and training. Another strategy recommended to assist the project to provide cost effective technical assistance included adding a new activity to negotiate needs and planning activities with other key agencies/programs serving individuals with severe disabilities and their families.

Two applications were received by the University of Southern Mississippi for the position of Project Director. The applicant with the most experience and knowledge in administrative issues, severe disabilities and deaf-blindness, Nancy Batson, was hired in July of 1997. Ms. Batson was housed in Jackson, MS at the Education and Research Building at minimal cost to the project. This allowed her to participate on state committees and to have better access to state agencies which are also based in Jackson. This also allowed Ms. Batson to concentrate on students living in the northern part of the state, while Ms Bennett concentrated on the southern section of the state. Several consultants were utilized, as needed, to ensure quality technical assistance continued.

Ms. Batson resigned from the project in September of 1998. At that time, Ms. (Bennett) Pender became Interim Project Director. There were no other full or part time staff during this period. In November, 1998, Jan Holston, who had previous grant experience with the deaf-Blind project accepted the position as Project

Coordinator. In April of 1999, Dr. Linda McDowell was hired as Principal Investigator.

Project staff have utilized resources at the local and state level to ensure services to students were not interrupted. Eileen Milner and Nancy Batson continued to be available as consultants to provide technical assistance to school districts and families. A partnership with other agencies, such as Vocational Rehabilitation and Parent Partners has surfaced. More training in the area of deaf-blindness has been conducted and more local and state resources have been utilized (T.K. Martin Center, Addie McBride Center) in an effort to ensure individual student needs are met.

The second major challenge in providing technical assistance is the accountability for service providers working with students with deaf-blindness, including severe disabilities. As trainings and occur, project staff have no system to ensure implementation and follow up of information taught. Upon returning to a classroom several weeks after a workshop has been provided, if there are no signs of teacher/provider implementation of the material, project staff can provide no documentation of outcomes. In an effort to resolve some accountability issues, project staff designed a technical assistance procedure to ensure all individuals involved who have a vested interest in the individual understand and agree to the process and follow-up. The involvement of families within these procedures has also proven to be beneficial in the implementation of recommendations.

In retrospect, it is vital for project staff to have opportunities to learn from and benefit from the different areas of expertise. Staff and consultants throughout the four years have each brought unique strengths and abilities and contributed to the process of the grant. It is also vital for project staff to have the support of the agency in which they are housed. Leadership change is very challenging and University staff have been supportive in their efforts to ensure grant activities continued.

It is also imperative to have collaborative, working relationships with other local and state agencies and to recognize that no one agency or individual can provide all the necessary supports to individuals with deaf-blindness. Additionally, professionalism and being a contributing member of the "team" is more effective for all who have a vested interest.

VI. IMPLICATIONS FOR POLICY, PRACTICE & RESEARCH

The project staff have stayed abreast of publications and best practice manuals designed for working with individuals with deaf-blindness, such as COACH, Hand-in-Hand and the You and Me Video Series. Several books which provide updated research and information also utilized by project staff include: Welcoming Students who are Deaf-Blind in the Typical Classroom,, Inclusive and Heterogenous Schooling, Transition from School to Work, Natural Supports in School, at Work and in the Community for Persons with Severe Handicaps, Independence Without Sight or Sound: Suggestions for Practitioners working with Deaf-Blind Adults. The project receives newsletters and other information from other state projects and national agencies in the area of deaf-blindness or disabilities that assist the project staff in utilizing current and best practice material. The most beneficial information includes specific training needs for professionals, para-professionals, and families in the area of deaf-blindness.

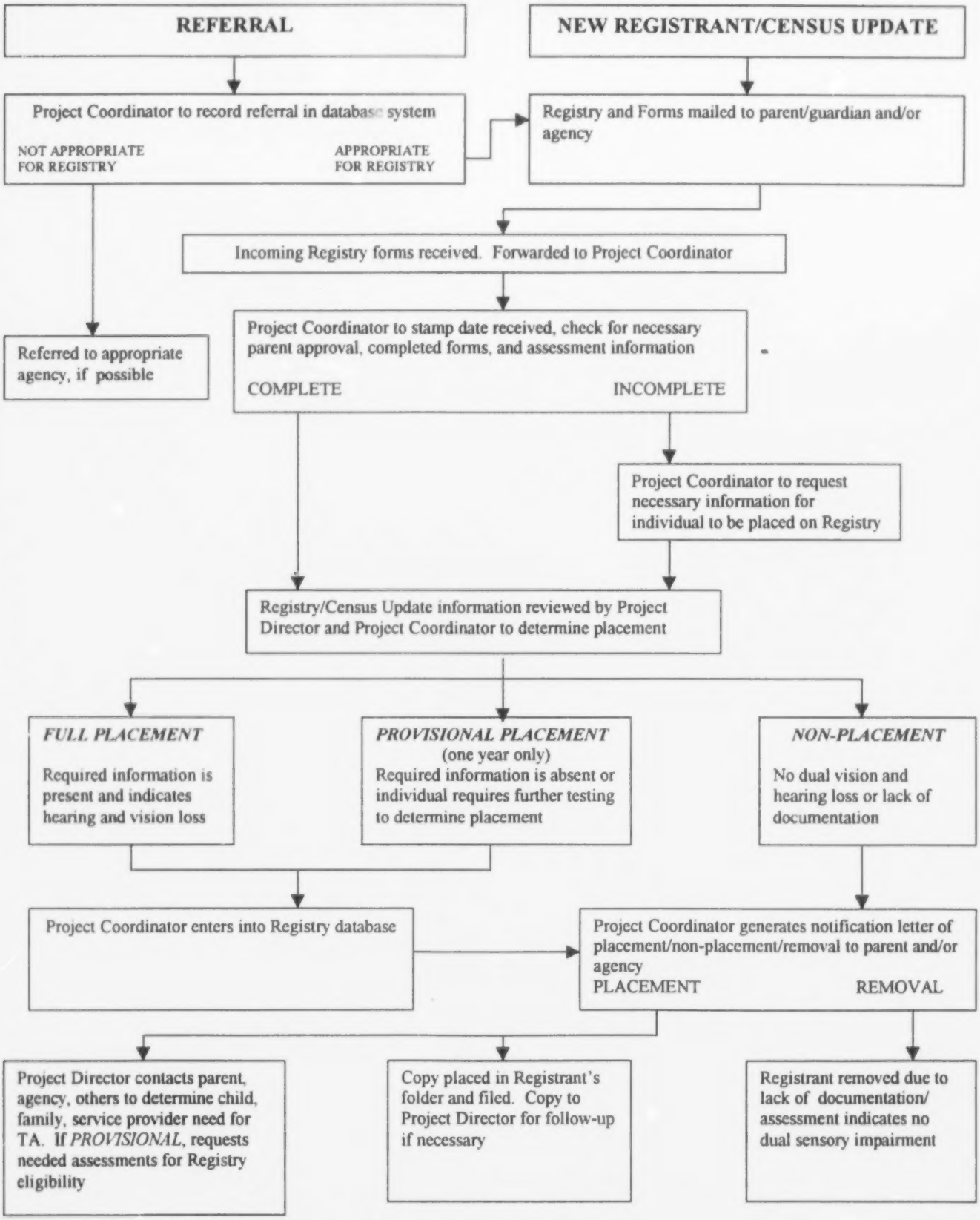
Information on how to be a contributing member to the systems change effort to ensure all students receive quality educational services is also a consistent need.

The overall goals of the project may have received more positive outlooks if there were more collaboration and support from the state education agency personnel. Although it has been requested for the past four years to have a participant from the agency on the Advisory Board, only one staff member attended one (1) meeting over the four year period. Although trainings and workshops have been provided on the local level, there has been limited joint trainings on the state level in collaboration with the educational agency. Technical assistance would be beneficial to the project to assist in more collaborative efforts for all state agencies who provide services to individuals with disabilities.

APPENDIX A

MISSISSIPPI DEAF-BLIND REGISTRY REFERRAL/CENSUS UPDATE PACKET

Deaf-Blind Referral and Registry Process


REFERRAL
NEW REGISTRANT/CENSUS UPDATE
Project Coordinator to record referral in database system
NOT APPROPRIATE FOR REGISTRY
APPROPRIATE FOR REGISTRY
Registry and Forms mailed to parent/guardian and/or agency
Incoming Registry forms received. Forwarded to Project Coordinator
Referred to appropriate agency, if possible
Project Coordinator to stamp date received, check for necessary parent approval, completed forms, and assessment information
COMPLETE
INCOMPLETE
Project Coordinator to request necessary information for individual to be placed on Registry
Registry/Census Update information reviewed by Project Director and Project Coordinator to determine placement
FULL PLACEMENT
Required information is present and indicates hearing and vision loss
PROVISIONAL PLACEMENT
(one year only)
Required information is absent or individual requires further testing to determine placement
NON-PLACEMENT
No dual vision and hearing loss or lack of documentation
Project Coordinator enters into Registry database
Project Coordinator generates notification letter of placement/non-placement/removal to parent and/or agency
PLACEMENT
REMOVAL
Project Director contacts parent, agency, others to determine child, family, service provider need for TA. If PROVISIONAL, requests needed assessments for Registry eligibility
Copy placed in Registrant's folder and filed. Copy to Project Director for follow-up if necessary
Registrant removed due to lack of documentation/ assessment indicates no dual sensory impairment

Status: | Date Received: | ID NUMBER (First two letters of FName and LName):

Registry No. | Placement Date: | Removal Date: | Reason Removed:

Mississippi Registry for Children and Young Adults with Deaf Blindness

Last: | First: | D.O.B. (Month Day Year) | Gender: | Ethnicity:

Parent(s) Name: | Address: | City: | Health District:

County: | State: MS | ZIP: | Phone: (Home): | Phone: (Work)

Definition of Deaf-Blindness

The term, "children with deaf-blindness," means children and youth having auditory and visual impairments, the combination of which creates such severe communication and other developmental and learning needs that they cannot be appropriately educated without special education and related services, beyond those that would be provided solely for children with hearing impairments, visual impairments, or severe disabilities, to address their educational needs due to these concurrent disabilities. This term also means infants and toddlers with deaf-blindness.

I. MAJOR CAUSE OF DEAF-BLINDNESS

INSTRUCTIONS: Indicate in the box below the ONE etiology from the choices below that best describes the primary cause of the individual's primary disability.

Major Cause: | *Specify "Other" cause selections from the left:*

Hereditary/Chromosomal Syndromes and Disorders

Aicardi Syndrome
Alport Syndrome
Alstrom Syndrome
Apert Syndrome (Acrocephalosyndactyly, Typ
Bardet-Biedl Syndrome (Laurence Moon-Biedl)
Batten Disease
CHARGE Association
Chromosome 18, Ringe 18
Cockayne Syndrome
Cogan Syndrome
Cornelia de Lange
Cri du Chat Syndrome
Crigler-Najjar Syndrome
Crouzon Syndrome (Craniofacial Dysotosis)
Dandy Walker Syndrome
Down Syndrome
Goldenhar Syndrome
Hand-Schuller-Christian (Histiocytosis X)
Hallgren Syndrome
Herpes-Zoster (or Hunt)
Hunter Syndrome (MPS II)
Hurler Syndrome (MPS I-H)
Kearns-Sayre Syndrome
Klippel-Feil Sequence
Klippel-Trenaunay-Weber Syndrome
Kniest Dysplasia
Leber Congenital Amaurosis
Leigh Disease
Marfan Syndrome
Marshall Syndrome
Maroteaux-Lamy Syndrome (MPS VI)
Moebius Syndrome
Monosomy 10p
Morquio Syndrome (MPS IV-B)
NF1-Neurofibromatosis (von Recklinghausen Disease)
NF2-Bilateral Acoustic Neurofibromatosis
Norrie Disease
Other Hereditary/Chromosomal Syndromes Disorders
Optico-Cochleo-Dentate Degeneration
Pfieffer Syndrome
Prader-Willi
Pierre-Robin Syndrome
Refsum Syndrome
Scheie Syndrome (MPS I-S)
Smith-Lemli-Opitz (SLO) Syndrome
Stickler Syndrome
Sturge-Weber Syndrome
Trisomy 13 (Trisomy 13-15, Patau Syndrome
Treacher Collins Syndrome
Trisomy 18 (Edwards Syndrome)
Turner Syndrome
Usher I Syndrome
Usher II Syndrome
Usher III Syndrome
Vogt-Koyanagi-Harada Syndrom
Waardenburg Syndrome
Wildervanck Syndrome
Wolf-Hirschhorn Syndrome (Trisomy 4p)

Pre-Natal/Congenital Complications

Congenital Rubella
Congenital Syphilis
Congenital Toxoplasmosis
Cytomegalovirus (CMV)
Fetal Alcohol Syndrome
Hydrocephaly
Maternal Drug Use
Microcephaly
Neonatal Herpes Simplex (HSV)
Other Pre-Natal/Congenital Complications

Post-Natal/Non-Congenital Complications

Asphyxia
Direct Trauma to the eye and/or ear
Encephalitis
Infections
Meningitis
Severe Head Injury
Stroke
Tumors
Chemically Induced
Other Post-Natal/Non-Congenital Complication

Related to Prematurity

Complications of Prematurity

Undiagnosed

No Determination of Etiology

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Registry No.: [ ]

Date of Birth: [ ][ ][ ]

II. VISION IMPAIRMENT INFORMATION

INSTRUCTIONS: Indicate the ONE choice that best describes the primary classification of the individual's visual impairment.

Primary Classification of Visual Impairment: [ ]

1. Low Vision (Visual Acuity of 20/70 to 20/200 in the better eye with correction)
2. Legally Blind (Visual Acuity of 20/200 or less or field restriction of 20 degree or less in the better eye with correction)
3. Light Perception Only
4. Totally Blind
5. Cortical Visual Impairment
6. Diagnosed Progressive Loss
7. Further Testing Needed to Determine Visual Impairment
8. Tested - Results Nonconclusive

Date of Last Ophthalmological/Optometrical Exam

[ ][ ]
Month Year

Date of Last Functional Vision Assessment

[ ][ ]
Month Year

III. HEARING IMPAIRMENT INFORMATION

INSTRUCTIONS: Indicate the ONE level that best describes the primary classification of the individual's hearing impairment.
Indications should be for the better ear aided where appropriate.

Primary Classification of Hearing Impairment: [ ]

1. Mild (26-40 dB Loss)
2. Moderate (41-55 dB Loss)
3. Moderately Severe (56-70 dB Loss)
4. Severe (71-90 dB Loss)
5. Profound (91 + dB Loss)
6. Diagnosed Progressive Loss
7. Further Testing Needed to Determine Hearing Impairment
8. Tested - Results Nonconclusive

Date of Last Audiological Exam

[ ][ ]
Month Year

Date of Last Functional Hearing Assessment

[ ][ ]
Month Year

Does the individual have a Central Auditory Processing Disorder? *Yes/No* [ ]

IV. OTHER IMPAIRMENTS

INSTRUCTIONS: Indicate impairments, in addition to the individual's hearing and visual impairments, that have a significant impact on the individual's developmental or education progress.

	Yes/No
Physical Impairments	[ ]
Cognitive Impairments	[ ]
Behavior Disorders	[ ]
Complex Health Care Need	[ ]
Other Impairments/Needs	[ ]
Other (Specify):	[ ]

V. FUNDING CATEGORY

INSTRUCTIONS: Indicate the funding category under which the individual is receiving services. (Select only ONE)

Funding Category: [ ]

1. IDEA Part B (3-21) ***If Part B, Complete Section VI***
2. IDEA Part C (0-2) Previously Part H
3. Not Reported under Part B or Part C

VI. IDEA REPORTING

INSTRUCTIONS: If the individual is funded under Part B (from Section V above) enter the primary category under which the individual was reported on the State Department of Education Part B, IDEA Child Count.

Part B Category: [ ]

0. Not Applicable - Individual is under 3 years
1. Autistic
2. Hearing Impaired (includes deafness)
3. Deaf-Blind
4. Mental Retardation
5. Multi-Disabled
6. Other Health Impairment
7. Orthopedic Impairment
8. Emotionally Disturbed
9. Specific Learning Disability
10. Speech or Language Impairment
11. Traumatic Brain Injury
12. Visually Impaired (includes blindness)
13. Developmentally Delayed*
14. Non-Categorical

888. Not Reported under Part B of IDEA

*Optional Category for Ages 3-9 years

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Registry No. [ ] Date of Birth: [ ][ ][ ]

VII. EDUCATIONAL SETTING

INSTRUCTIONS: Indicate the ONE educational setting from the appropriate age subcategories that best describes the individual's education setting.

Educational Setting: [ ]

Specify "Other" setting selections from the left: [ ]

Birth Through Age 2

- Early Intervention Center/Classroom
- Home Based Early Intervention
- Combination of Center Based and Home Based Early Intervention
- Clinical Outpatient Services
- Daycare/Childcare
- Homebound/Hospital Environment
- Not Receiving Early Intervention Services
- Other (Specify above, right):

Ages 3-5

- Early Childhood Setting
- Early Childhood SPED Settin
- Combination of Previous two
- Home School Program
- Residential School
- Specialized School
- Itinerant Service Outside the Home
- Reverse Mainstream Setting
- Charter School
- Homebound/Hospital Environment
- Not Receiving Early Childhood Special Education (ECSE) Services
- Other (Specify above, right):

Ages 6-21

- General Education Class
- Resource Room
- Specialized Class
- Public Specialized School
- Private Specialized School
- Public Residential School
- Private residential School
- Homebound/Hospital Environment
- Charter School
- Home School Program
- Post-Secondary Program - Vocational Program
- Not in Educational Setting
- Other (Specify above, right):

VIII. SPECIAL EDUCATION STATUS

INSTRUCTIONS: Indicate the ONE choice that best describes the individual's special education program

Special Education Status: [ ]

0. In Special Education Program
1. No Longer Receives Special Education
2. Graduated with Diploma
3. Graduated with Certificate
4. Reached Maximum Age for Part B Services
5. Deceased
6. Moved, Known to be Continuing
7. Moved, Not Known to be Continuing
8. Dropped Out

IX. LIVING SETTING

INSTRUCTIONS: Indicate the living setting at which the individual resides the majority of the year.

Living Setting: [ ]

1. Home: Birth/Adoptive Parents
2. Home: Extended Family
3. Home: Foster Parents
4. State Residential Facility
5. Private Residential Facility
6. Group Home (less than 6 residents)
7. Group Home (6 or more residents)
8. Apartment (with non-family person(s))
9. Pediatric Nursing Home

555. Other (Specify): [ ]

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Person Completing this form: [ ] Date: [ ]

Please Print

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Registry No. ☐☐☐☐☐☐☐☐☐☐ Date of Birth: ☐☐☐☐☐☐

PARENT CONSENT

I Hereby give my permission for my child's name and pertinent data to be kept on the Mississippi Registry for Children and Young Adults with Deaf-Blindness. I understand that this information will be kept confidential and will not be released without my written consent. The information is collected by the MS Services for Deaf-Blind project, funded by the U.S. Department of Education, Office of Special Education and Rehabilitative Services, contract No. H025A50032 to the University of Southern Mississippi.

Full Name of Child

Signature of Parent or Guardian

Address

Child's Date of Birth ___/___/___

City County

State Zip

Telephone Number

Please discuss any concens you have, or information you would like to receive

Please call Mississippi Services for Deaf-Blind at 1-800-264-5135 should you have questions or concerns regarding this form, or other concerns regarding your child.

THIS AREA FOR MSDB USE ONLY

Approvals: TO BE COMPLETED BY PROJECT STAFF

☐ FULL PLACEMENT (Documentation of Vision Loss and Hearing Loss Provided)

☐ PROVISIONAL* (Additional Assessments Needed for Determination of Placement

Project Director

Date

Project Coordinator

Date

MISSISSIPPI REGISTRY AND CENSUS FOR INDIVIDUALS WHO ARE DEAF/BLIND

DIRECTORY OF PROGRAMS

Name of School District or Program:

Address:

City: County: State: MS Zip Code:

Program Developer/Director: Phone: Fax:

Contact Person: Title:

Address: City:

State: MS Zip: Phone: Fax:

Child's Teacher:

Name of School:

Address: City:

State: MS Zip: Phone: Fax:

RELATED SERVICES (Regularly used or available in the program)

- ☐ Audiology
- ☐ Counseling
- ☐ Early Identification
- ☐ Medical Services
- ☐ Other (Specify):
- ☐ Occupational Therapy
- ☐ Physical Therapy
- ☐ Psychological Services
- ☐ Recreation Therapy
- ☐ School Health Services
- ☐ Social Work Services
- ☐ Speech Pathology
- ☐ Vocational Rehabilitation
- ☐ Transportation

APPENDIX B

PRODUCTS

FOCUS FLYER

TOPIC: Full Inclusion for Learners with Severe Disabilities and Deaf-Blindness

-Jimmie Matthews-

The term *full inclusion* refers to the provision of educational services within general education classrooms to all students, regardless of type and degree of disability. This general education classroom should be located within the neighborhood school, and attended by peers without disabilities of the same chronological age (Stainback & Stainback, 1992; Giangreco & Putnam, 1991). The concept of full inclusion operationalizes the principle of LRE: provision of a free, appropriate education in the Least Restrictive Environment possible. A learner is denied general class placement only when, after provision of supplementary aids and services, the severity of the disability prevents any benefit from the program (Osborne & Dimatta, 1994). This means these learners are to be involved in all aspects of school life along with their peers who are without disabilities.

What Does the Law Say?

The principle of least restrictive environment was originally established with the passage of P.L. 94-142 in 1975, and later reaffirmed through passage of the Individuals with Disabilities Education Act (IDEA) in 1990. Essentially, the mandate states that individuals with disabilities are to be educated in the same environment that would be appropriate had they not had disabilities. No court rulings have demanded that all learners with disabilities be educated in general education classrooms, but recent interpretations of the law have suggested several considerations regarding this placement option:

- Educational and non-academic benefits that a student will derive from placement in the general education classroom,
- Ability to grasp the general education curriculum,
- Nature and severity of the disability,
- Effects on learners without disabilities who are in the classroom,
- Overall experience in the mainstream, and,
- The amount of exposure to students without disabilities.

The courts have also described several situations where services in a general education classroom may not prove to be the least restrictive environment for a learner with severe disabilities. This may occur when:

- The disability is so severe that little or no benefit from the general classroom will be realized;
- The learner is so disruptive that the education of others is compromised; or,
- The cost of necessary supplementary services is so excessive that other students are deprived of adequate services.

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Why Full Inclusion?

Although full inclusion of learners with severe disabilities is not yet common in most school districts, a national trend toward greater integration has emerged. Supporters give several reasons why:

- In order for individuals with disabilities to eventually become members of an integrated, heterogeneous community life, they must grow up and learn together with individuals who are without disabilities. They need to experience a wide range of activities, people, environments, and ideas. It has been reported that inclusive settings provide opportunities to develop skills in problem solving, mobility, vocational, social, and communication skills.
- Learners without disabilities can learn to accept individuals who have diverse talents and challenges. One of the best ways to overcome misconceptions about individuals with disabilities is to interact with them.
- Some school districts have reported that it costs no more to educate learners with disabilities in general education classrooms than in segregated settings. When special education staff provide services in the general classroom, the entire class may benefit, resulting in a more cost effective use of resources.
- Inclusion promotes collaboration between general and special education staff, and can result in improved instruction for learners without disabilities.
- Some view inclusion as a civil rights issue; that is, in a democratic society, everyone has equal opportunities.

What Does Full Inclusion Actually Mean?

The California Research Institute has developed the following working definition of what full inclusion means:

- ✓ Attending a home school,
- ✓ Proceeding through elementary, junior high, and high school with same-age peers,
- ✓ Participating in general education classrooms with non-disabled peers,
- ✓ Receiving special education services from a collaborative team (general and special education teacher, related service personnel, paraprofessionals, parents, and administrators),
- ✓ Receiving specialized services (Braille, sign language instruction, physical therapy, etc.) as needed,
- ✓ Receiving planned, facilitative social network assistance with peers who are non-disabled, as well as with peers who provide a linguistic community (i.e. students whose primary language is sign language),
- ✓ Receiving opportunities for building family networks and social relationships with similar disabled peers, adult role models, and self advocacy/consumer advocacy groups, and,
- ✓ Zero exclusion: all students, regardless of disabilities, have the right to an education which is fully inclusive.

Full Inclusion does not mean:

- ✓ "Dumping" learners with disabilities into general education classrooms without support,
- ✓ Delivery of instruction for everyone in the same way,

- ✓ Termination of instruction in functional life skills,
- ✓ Exclusion from community-based instruction or vocational instruction,
- ✓ Elimination of same-disability support groups, or,
- ✓ Termination of facilitating social relationships and community building (Gee, Alwell, Graham, & Goetz, 1994).

What Are the Best Practices in Full Inclusion?

- Each learner is placed in an age-appropriate general education classroom that becomes the base of all services.
- Each learner's specific outcomes are addressed; no placements are made merely for the sake of meeting full inclusion criteria.
- Support teachers and other staff come to the learner's classroom.
- Learners receive the same amount of time and instructional assistance from their special education teacher as they would in a special education classroom.
- Individualized educational needs are met within the activities of the general education program.
- When an objective cannot be met within the general education program, other areas of the school and the community are used.
- Every effort is made to accommodate the unique learning characteristics of each learner.
- There is a merger of exemplary practices from both special and general education.
- Teachers work in collaborative teams to serve all learners in the best possible way.
- Related service professionals, itinerant teachers, and consultants collaborate with the general and special education teachers and paraprofessionals to ensure the instruction of particular skills (functional life skills, Braille or sign language, mobility, communication skills, etc.) within the learner's instructional day.
- Staff receives timely training in best practices.

What are the Benefits of Full Inclusion?

Typical children engaged in age-appropriate activities exhibit behavior that children with disabilities may try to emulate, resulting in increased motivation, higher expectations, and higher achievement. Home school placement encourages:

- + Participation in a variety of school activities appropriate for chronological age (recess, lunch, assemblies, music, art, clubs),
- + Development of new mutual friendships with nondisabled peers that may last beyond the school day,
- + Learning in natural contexts in the presence of natural cues, corrections, and reinforcements.

Some Potential Benefits for Learners Without Disabilities and Professional Staff:

- + Improvement in attitudes toward individuals with disabilities,

- Development of appreciation and acceptance of individual differences,
- Development of meaningful friendships without regard to the presence or absence of a disability, and,
- Development of a greater understanding for all persons who have disabilities (Snell & Eichner, 1989).

Peck, Donaldson, and Pezzoli (1990) surveyed non-handicapped high school students concerning the benefits they perceived as a result of interaction with peers who had severe disabilities. In addition to the development of new friendships, they reported an improved self concept and an enhanced understanding of the feelings and beliefs underlying the behaviors of other people in general. They also reported reduced fear of human differences, increased tolerance for others who were different, and the development of positive personal principles.

Some Concerns About Full Inclusion

Discussion of this topic would not be complete without recognizing various concerns expressed by several prominent professionals in the field of special and general education. Most acknowledge that some learners with disabilities could participate in academic programs, but feel they could require so much time and attention from the teacher that the education of the other learners would be compromised. Some feel it is unacceptable to expose children with disabilities to the pressures of stringent assignments, time frames, grades, rigid standards, or competency testing unless they can succeed. Others are concerned that these learners could feel more socially isolated, interacting more frequently among themselves than with their peers. There is also concern that a merger of the general and special education systems could be harmful, particularly for those children who lack adequate support services. And, some believe there is not an adequate research base for advocating such drastic changes in the general and special education systems at this time (York, Vandercook, MacDonald, Heise-Neff, & Caughey, 1992).

What Is Involved in Planning for Full Inclusion?

The family should form the cornerstone of educational planning because they know their child better than anyone else. After all, they have a vested interest in seeing their child learn. Most likely, they will be involved with the child's educational program throughout life. The family must live all day, every day with the outcomes of decisions made by educators. Families must be allowed to participate in the planning process. Several suggestions for planning within the inclusive context follow:

- The learner's planning team should develop a list of educational priorities for annual goals, and develop a plan for their implementation. These goals should be based on specific needs and family-centered priorities, not on what is valued by professionals from the various disciplines. The educational priorities should be based on input from all team members.
- The contexts and activities should be based on an ecological inventory of all the environments in which the student will be expected to function, the general education teacher's class schedule, and other school or community contexts that will be accessed on a regular basis.
- An action plan should be developed that will include a detailed schedule of activities necessary for achieving each goal, an assignment of who will be responsible for each activity, and timelines for completion of the activities.
- A related service delivery plan must be developed in order to provide the learner with necessary support from other professionals and education staff.

- Strategies for facilitating social interaction and peer support networks should be identified and carefully planned.

What Strategies Can Parents and Educators Use to Promote Full Inclusion?

- Organize an advocacy group.
- Become better informed in integrative issues.
- Inform others of the benefits and strategies associated with inclusion.
- Work to influence policies relating to inclusion.
- Work with the media.
- Meet frequently with influential school administrators.
- Influence others in the school system.
- Work within their advocacy organizations.
- Consult a legal advisor.
- Bring advocates to IEP conferences and placement staffings.
- Contact other parents and advocates (Hamre-Nietupski & Hendrickson, 1993, pp. 253).

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Department of Special Education
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Mississippi Services for Individuals who are Deaf-Blind

FOCUS FLYER

"Focusing on Quality Services to Infants, Children, and Young Adults with Deaf-Blindness"

TOPIC: *ROUTINE AND ACTIVITY BASED EARLY INTERVENTION*

By:
Kathleen Stremel
University of Southern Mississippi
Condensed by Jennifer Quick

WHAT IS ROUTINE AND ACTIVITY BASED EARLY INTERVENTION?

Routine and activity-based early intervention is the use of naturally occurring events to teach vital skills to infants and toddlers (Woods-Cripe, 1995). Routine and activity-based intervention can be defined as: (a) teaching skills that make up a routine or activity, or (b) using routines and functional activities to teach acquisition and generalization of one or more critical skills. This type of intervention is quite distinct from the more traditional approach of teaching isolated skills in mass trials outside of the natural situational context (Bricker & Cripe, 1992). The rationale for using routines and functional activities as the teaching context, rather than teaching skills in isolation, include the following:

1. Caregiving routines and functional activities reflect critical life skills rather than isolated behaviors that may not be functional in the long-term.
2. Caregiving routines and activities provide natural environmental cues and consequences.
3. Caregiving routines and activities reflect age-appropriate skills.
4. Caregiving routines and activities promote family interactions (Bricker & Cripe, 1992).

Of course, routine and activity-based intervention may be used with all infants and toddlers, regardless of the disabilities. However, infants/toddlers who are deaf-blind do not have the advantage of learning at a distance and assimilating information out of context. Therefore, it is even more critical that the early intervention methods for this population include routine and activity-based intervention (Stremel, 1995).

HOW CAN ONE USE ROUTINES AND ACTIVITIES AS A BASIS OF TEACHING?

In order to develop and implement routine and activity-based early intervention, a number of process steps are used. These steps include the following:

1. **Determine the child's behaviors that may facilitate or impede learning within a routine or activity (Campbell, 1995).**

PHYSICAL	COMMUNICATION	DAILY LIFE	COGNITIVE	SOCIAL/ADAPTIVE
♦ Medical	♦ Receptive	♦ Feeding/Eating	♦ Sensorimotor	♦ Caregiver/Child Interactions
♦ Gross Motor	♦ Expressive	♦ Grooming	♦ Pre-operational	♦ Adaptive
♦ Vision	♦ Speech	♦ Bathing		
♦ Hearing	♦ Augmentative	♦ Dressing		

Too often, interventionists take isolated items from assessments without considering the applicability of the item to a particular child. For example, "Child will grasp a rattle," may be an appropriate objective for an infant with motor disabilities who has vision and hearing skills to facilitate the learning of the behavior. For an infant who is deaf-blind, there may be little reason to grasp a rattle. However, there are many reasons for grasping meaningful objects across many caregiving routines. For example, holding a washcloth, a sock, or a spoon may be more functional skills to teach, especially with an infant who is deaf-blind.

2. **Determine the environmental features that facilitate or impede learning.**

The child's social and physical environments may present "risk factors" that have the potential to impede learning, or "opportunity factors" that have the potential to facilitate learning (Campbell, 1995). One of the major "risk or opportunity factors" is the quality of caregiver-child interactions. Some of the features that early interventionists should model to parents include:

- ♦ Enjoyment of the infant/child
- ♦ Sensitivity to the child's interest
- ♦ Appropriate stimulation
- ♦ Waiting for the child to respond
- ♦ Sensitivity to the infant's state (calm, alert...)
- ♦ Responsiveness to the infant's behaviors
- ♦ Inclusion in caregiving activities

Other social features of the environment include the number, gender, and ages of persons with whom the child can interact. Physical environmental features also have the potential to facilitate or impede learning. Parents of infants/young children who are deaf-blind may not realize how powerful their homes are for learning. Many of the same activities used with children without disabilities are also appropriate for a child who is deaf-blind. Of course, a number of adaptations may be necessary in order for the child to actively learn. The following are environmental features that interventionists should discuss with families:

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- ❑ Taking the child outside
- ❑ Placing the infant in the kitchen during cooking
- ❑ Changing the infant's diaper in the same location
- ❑ Using household items as toys if toys are not readily available in the home
- ❑ Placing the infant in different rooms
- ❑ Feeding the infant in the same location
- ❑ Having toy lending available for families if needed
- ❑ Using "floor time" with the infant
- ❑ Assessing the impact of pets on the child
- ❑ Assessing the noise and lighting conditions within different rooms of the house
- ❑ Dressing and undressing the infant (not leaving the infant in a diaper or sleeper most of the time)
- ❑ Using community activities (library programs, YMCA, public parks) as a part of the natural environment (Dunst, Boyd, Shields, Umstead, Bode, & Sauer, 1996)

The infant and young child will learn to anticipate what activities will happen based on cues within specific locations.

3. **Select and analyze the routine or activity within the natural environment.**

Families need to "use" an activity either to teach the activity or to develop a specific skill. Explain to families that the child may dislike some activities, such as eating or bathing. These routines should be taught. If a child has difficulty eating or doesn't eat well, feeding/eating skills should be targeted. There will also be routines and activities that the child loves. If the child likes to eat, feeding/eating routines can be used to teach grasping, participation, communication, and social interaction. Also, explain to the families that adaptations may be used to make the caregiving routine more enjoyable, such as using a bath sling so that the child feels secure and mother has her hands available for bathing and other pleasurable interactions during bathing. Some routines and activities are included below. Families may have many others.

ROUTINES

- ♦ Social interaction games
- ♦ Eating/feeding
- ♦ Dressing/undressing
- ♦ Putting to bed
- ♦ Washing/drying hair
- ♦ Riding in the car
- ♦ Playing with toys/siblings
- ♦ Changing
- ♦ Moving around the house
- ♦ Bathing
- ♦ Brushing teeth

ACTIVITIES

- ♦ Cooking
- ♦ Washing/drying clothes
- ♦ Going to church
- ♦ Going to the store
- ♦ Going to grandmother's house
- ♦ Going to the park
- ♦ Cleaning
- ♦ Watering plants
- ♦ Fishing
- ♦ Gong to the mall
- ♦ Swimming

Even though specific caregiving routines have some similar events contained within them, each person or family may carry out the routine or activity differently. The early interventionist should analyze a routine by listening to the caregiver and writing down the major steps or by observing the parent or sibling carrying out the routine/activity.

4. **Determine the major child skills that are critical to a specific routine/activity or could be embedded within the routine.**

The child skills that are critical to a routine will depend on the specific abilities and disabilities of the child, the age of the child, and the intervention outcomes selected by the family. If a child is not eating well, lip closure and swallowing may be the skills that need to be targeted. If a child is eating well and communication and motor are general areas of the family's concern, developmentally appropriate motor and communication skills can be embedded within the routine. For example, the child may be "taught" to crawl to the high chair and request being placed in the high chair. Early interventionists should always model for the caregiver, the sequence of the child behaviors being targeted. For example, Shanika is a two-year old who is cortically vision impaired, has a profound hearing loss, and cerebral palsy. However, she eats well and enjoys eating. There are multiple opportunities during meal times for Shanika to grasp objects, to communicate "more", to show anticipation, and to hold her head upright. Additional outcomes can be added as she learns the skills that are initially targeted.

5. **Utilize generic interactor competencies and determine teaching strategies.**
(See attached *Interactor Skills Form*)

The child's success at learning is highly dependent upon the methods and teaching strategies that early interventionists and parents use during any interaction. These interactive behaviors are defined below.

Prepare the child for the activity. Preparation will depend on the disabilities of a specific child. If the child has severe motor disabilities, it may be necessary to do range of motion exercise or massage prior to any activity in which the child is expected to move. Additionally, if braces or AFO's are required for certain activities, the caregiver should place these on the child. If a child wears glasses or hearing aids these should be placed on the child and checked for optimal use. For other children, this competency may be Not Applicable.

Announce what will happen. Do not act on any child without letting him/her know where he/she is going and what will happen.

Position the child correctly. Children should be positioned for stability, midline erectness, and with considerations for optimal lighting and sound sources.

Place materials appropriately. Materials should be placed so that the child can access them and use them for optimal independence.

Use special adaptations. Adaptations may include any sensory environmental adaptations (light, sound) or physical objects. There are also equipment adaptations such as a "maroon" spoon which is smaller and all plastic, or a "cut-out" cup which allows drinking without head tilting. Contrasts of color and lighting will also need to be considered.

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Provide opportunities for communication. It is important that children learn to communicate more effectively and efficiently throughout their lifetimes. Too often, we provide objects and actions "free" to the child. If frequent opportunities are not provided to the child to communicate, then the child's potential to communicate more effectively and efficiently with a greater number of people will be diminished. All objects being acted upon should be verbally labeled by the caregiver. Opportunities to increase receptive communication should be used, such as signing and saying "Get your cup. Where's your bib?"

Provide opportunities for the use of movement strategies. It is important that all children have opportunities to move. There also must be a reason for the child to move (Campbell, 1995).

Provide opportunities for partial participation. If a child never learns to perform a functional skill, then someone else will always have to do it for him\her. Too often, we interventionists rush through functional and meaningful activities so that we can teach skills that are not functional and will not be used by the child when he/she is 5, 12, and 21 years of age. The childs level of participation will depend on their motor and cognitive skills. They will gradually learn to participate more fully in more and more activities in activity-based intervention (Bricker & Cripe, 1992).

Provide opportunities for sibling/peer interaction. It is important to encourage siblings to learn to communicate with and enjoy their brother or sister. They should not be excluded from participating in daily routines or other intervention activities.

Provide consistent and appropriate prompts/cues. The different prompts and cues used with children would be individualized for each child. The level of prompting should target a slightly higher behavior from the child, with a "back-up prompt" given if the child does not respond within a certain time period. Saying/signing the prompt frequently or saying it louder are not effective techniques. It is important that effective prompts are used to increase the child's skills and to then teach new skills.

Wait for the child to respond. Too often, we do not give the child time to process the information and then respond. We tend to jump in and physically assist the child to do it "our way." We should give a cue and wait a specific time and then provide a more supportive cue if necessary. The "wait" time will depend on the child's skills and disabilities. The wait time will naturally be longer for a child with motor disabilities and the cue may have to be repeated.

Provide appropriate feedback. Our feedback provided to a child when he/she performs a skill should be meaningful. The child should be able to understand if positive or negative feedback is being provided. Again, feedback must be specific to each individual child.

Terminate the activity. The child should be aware that the activity is finished. He/she may assist in putting the objects away or throwing things away. . . especially if "putting objects in containers" is one of the skills being taught! Too often, parents and teachers do the clean up job without having the children participate. Children need to learn the location of objects in space and the responsibilities of putting things in the right location.

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WHAT DO I DO NEXT?

Embedding critical skills into many routines and activities does not come naturally to all interventionists or parents. The more often we practice implementing the generic interactive teaching behaviors, the more naturally they will come. Initially, we may teach a routine, and later use the routine to embed multiple skills. Caregivers should select which teaching behaviors they want to learn and practice first.

Remember, each routine and activity has a beginning, a middle, and an end. Allow the child to participate in all phases of the routine as much as possible. Caregivers should not feel guilty if they do not have time to use or practice the generic behaviors each time. They should consider in which routines they have the most time when they select a routine.

A longer more detailed article is available. Please call 1-800-264-5135.

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NEW DIRECTORS FOR MISSISSIPPI SERVICES WHO ARE DEAF-BLIND

Please join the rest of the staff of the Mississippi Services for Individuals Who Are Deaf-Blind in welcoming Dr. Jim Siders of the University of Southern Mississippi and Ms. Nancy Batson formerly Program Developer of Jackson Public Schools.

Deaf-Blind Project Staff

Dr. Jim Siders.....Principle Investigator

Ms. Nancy Batson.....Director

Ms. Theresa Bennett.....Coordinator

Ms. Berta Laiche'.....Grant Specialist

Toll Free 1-800-264-5135 Fax 601-266-4978

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INTERACTOR/CHILD SKILLS ACROSS ROUTINES — EXAMPLE

Name:_____

Date:_____

0 = Never occurs
1 = Occurs occasionally
2 = Occurs frequently

Generic Interactive Teaching Behavior	Rating	Specific Behavior for Individual Child	Child Outcomes				
1. Prepare child for the activity							
2. Announce who and what will happen							
3. Handling/position							
4. Placement of material(s)							
5. Responsiveness							
6. Opportunities to communicate							
7. Special Adaptations							
8. Partial Participation							
9. Provide appropriate feedback							
10. Provide consistent prompts/cues							
11. Wait							
12. Encourage sibling/peer interaction							
Score							

Additional Objectives:	**Routine:**
	Teaching Strategies:
	Additional Adaptations:

Number 11 July 1997

FOCUS FLYER

"Focusing on Quality Services to Children and Young Adults with Deaf-Blindness"

According to the 1995 Annual Deaf-Blind Census, approximately 11,000 individuals, birth through twenty-one years of age, were reported to have a loss of both vision and hearing (Baldwin, 1996). How does this dual sensory impairment impact learning for children and young adults? It impacts learning severely, because the loss of both vision and hearing leaves the individual with little or no sensory perception of the world beyond an arm's reach. What information do we - as family members and services providers - need to acquire in order to support individuals with deaf-blindness and provide every opportunity for their independence?

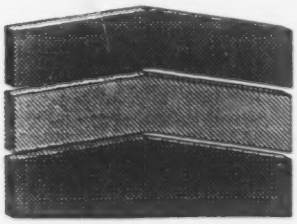
This Focus Flyer will provide you with information on deaf-blindness, vision loss, hearing loss, and the impact on learning and communication.

WHAT IS DEAF-BLINDNESS?

The term deaf-blindness (also known as dual sensory impairment), would seem to imply that the individual has no functional use of *any* vision or hearing. Yet, there are very diverse descriptors for children and young adults who are vision and hearing impaired. Individuals with deaf-blindness may have *some* functional vision or hearing; they may be losing vision or hearing slowly; they may have *additional* disabilities; or they may be profoundly deaf and totally blind. Children with deaf-blindness are singled out educationally because impairments of both sight and hearing require thoughtful and unique educational approaches in order to ensure that children with this disability have the opportunity to reach their full potential (Miles, 1995).

For the majority of students who have additional disabilities, a team approach is required for assessment and instruction. The multidisciplinary team has been a legally required component of special education services since the passage of the Education for All Handicapped Children Act of 1975 (P.L 94-142), known as the Individuals with Disabilities Education Act (IDEA) since its reauthorization in 1990 (Romer & Byrne, 1995). (Note: President Clinton signed the reauthorization of IDEA on June 4, 1997. The State Department of Education can provide further information).

A child or young adult with deaf-blindness and additional disabilities may depend on others to provide opportunities for sensory input and stimulation, movement, and communication. Implementing special communication strategies, making environmental modifications, and using consistent routines may help provide this information and make the world less confusing to individuals with deaf-blindness (Wiley, 1996).



The Definition of Deaf-Blindness:

> Having auditory and visual impairments, the combination of which creates such severe communication and other developmental and learning needs that they cannot be appropriately educated in special education programs solely for children and youth with hearing impairments, visual impairments and severe disabilities, without supplementary assistance to address their educational needs due to these dual concurrent disabilities.
> (PL 101-476, 20 USC, Chapter 33, Section 1422[2]).

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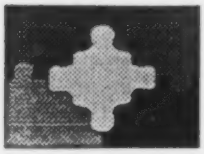

Children and young adults with deaf-blindness may not have opportunities for incidental learning. For example, a sighted infant will begin to anticipate eating after seeing the caregiver walk through the door, go to the refrigerator, and take out a bottle of juice. The infant has the ability to visually receive, organize, and retain information about the environment. Similarly, a child who hears the car keys jingle might begin to cry in anticipation of the caregiver leaving. Due to their lack of auditory and visual input, children with deaf-blindness often acquire fragmented or distorted information from their contact with people and their environments (Riggio, in press). In order for children with deaf-blindness to acquire information, they have to be active participants. Through the use of their olfactory, kinesthetic, and proprioceptive senses, they can acquire information about their environments. Interaction through touch and movement is imperative for infants with dual sensory impairments.

Almost 60% of what people learn is through the sense of sight.

(U.S. News and World Report, 1993)

Understanding Vision Loss

The age of onset of a vision loss has an effect on learning. If the vision loss has been present since birth (congenital), the individual will not have a memory of colors, objects, printed letters, and other sights, in the way that other individuals with an acquired (adventitious) vision loss would. Information on the degree of vision (such as light perception only, legally blind, partially sighted, totally blind, or peripheral vision) should be used to ensure that materials are presented with respect to available vision.

The familiar phrase "20/20" indicates that at a distance of 20 feet, the eye can see what a *normally seeing eye* should be able to see at that distance. People who use vision aids can often have 20/20 vision while using aids. The amount of visual *acuity*, or the ability to distinguish forms or discriminate details at a certain distance, *decreases* as the bottom number increases.

Visual Acuities	Classification	Function
20/20 - 20/40	Normal Vision	No difficulty
20/40 - 20/70	Mild to Moderate Loss	Some difficulty seeing street signs
20/70 - 20/200	Moderate Loss	Unable to see traffic lights or signs without telescopic aid for driving
20/200	LEGAL BLINDNESS	
20/200 - 20/600	Severe Loss	Unable to legally drive; faces blurred
20/600 or less	Profound Loss	Central scotoma (blind spots)

(Adapted from Information Packet for Educating Children and Youth Who are Deaf-Blind, Louisiana, 1996).

Once the vision assessment has been completed, the family and service providers may need to develop appropriate modifications and adaptations within different environments. For example,

- Ensure adequate lighting
- Avoid "busy" pictures or backgrounds
- Arrange physical environment to promote movement
- Use large print
- Raise lines on shapes, numbers, and letters
- Provide high color contrast
- Decrease glare by positioning and light source

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Questions to Ask During and After the Vision Assessment

1. What is the cause of the vision loss?
2. Is the vision loss progressive?
3. Is vision better in one eye than the other?
4. Are there special lighting needs?
5. What is the field of vision?
6. What is the best viewing distance?
7. Will medical intervention improve the vision?
8. Are low vision aids recommended?
9. When should the next evaluation take place?
10. How does the vision loss affect mobility?

Refer to resource list within this flyer for more information on vision loss.

Understanding Hearing Loss

Hearing impairment is a generic term that describes any hearing loss ranging from mild to profound. Thus, it applies to children and young adults who are deaf and to those who are hard of hearing. A student who is hard of hearing can generally use a hearing aid to understand speech, whereas a deaf student's hearing loss is too great for understanding speech through the ears alone. As with vision loss, the age of onset (whether the loss is congenital or adventitious) and the degree of loss are important factors for learning.

Terms Associated with Hearing Loss

* **Conductive Loss** - complications of the outer or middle ear; distorted sound; can be treated with medication or surgery; most common type is otitis media
* **Unilateral** - loss present in one ear
* **Bilateral** - loss present in both ears
* **Sensorineural Loss** - damage to the cochlea or auditory nerve fibers in the inner ear; most sensorineural losses cannot be corrected by surgery or medication
* **Mixed** - both conductive and sensorineural
* **dB** - decibels; units used to measure loudness

Range of Hearing Loss

Level of Loss	Description	Effect	Hearing Aid Need
30-45 dB	Mild	Difficulty understanding soft speech	Needed in specific situations
46-70 dB	Moderate	Difficulty understanding normal speech	Frequently needed
71-90 dB	Severe	Can understand amplified speech only	Needed for all communication
91+ dB	Profound	Difficulty understanding amplified speech	Speech-reading or sign language needed in conjunction with hearing aids

(Adapted from U.S. Department of Education, Office of Special Education Programs, OMB Form # 1820-0532).

MAJOR CAUSES OF DEAF-BLINDNESS

Listed below are some of the major causes of deaf-blindness. As previously stated, infants born with deaf-blindness will not have any memory of color or forms. Persons with adventious deaf-blindness have had some experience with sight, sound, or both before losing vision and hearing due to accident, illness, or heredity. Again, deaf-blindness is often accompanied by additional disabilities.

Syndromes
Down
Trisomy 13
Usher

15.5 % of children and young adults, (birth to twenty-one,) served under Part B of IDEA were reported as having deaf-blindness in 1995. Students whose disabilities *include* deaf-blindness are often labeled multiply-disabled, physically disabled, etc.
(Taken from 1995 Census Data).

Prematurity

Multiple Congenital Anomalies
CHARGE Association
Fetal Alcohol Syndrome
Hydrocephaly
Microcephaly
Maternal Drug Abuse

Postnatal Causes
Asphyxia Encephalitis
Meningitis Stroke
Head Injury/Trauma

Congenital Prenatal Dysfunction
AIDS
Herpes
Rubella
Syphilis
Toxoplasmosis

Usher Syndrome, a genetic disorder, is the leading cause of deaf-blindness. Since only hearing and vision are affected by Usher Syndrome, individuals with this condition are less likely to have additional disabilities than other individuals with deaf-blindness. Usher Syndrome is identified in approximately one in 25,000 individuals, and the incidence is estimated to possibly be as high as one in 10,000 individuals. Individuals with Usher Syndrome are born hard of hearing or deaf. The loss of vision occurs later in life and is caused by retinitis pigmentosa (RP). RP is an eye disease that causes gradual loss of vision. As retinitis pigmentosa progresses, the field of vision decreases, resulting in "tunnel vision." It is estimated that three to six percent of all children who are deaf have Usher Syndrome (Indiana Deaf-Blind Services, 1996).

There are presently three types of Usher Syndrome:

Usher Syndrome Type	Hearing Loss	Vision Loss
I	profound loss at birth; no inner ear balance	Retinitis Pigmentosa - usually identified in early childhood
II	moderate to severe loss; no difficulty with balance	Retinitis Pigmentosa - begin to lose vision by midteens
III	normal to deaf at birth with progressive loss to profound deafness; inner ear balance possible (50%)	Retinitis Pigmentosa - vision loss by midteens

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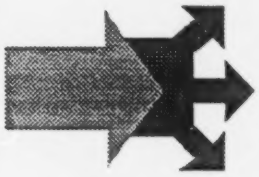
How Does Deaf-Blindness Affect Socialization?

Special educators, families, and service providers must consider activities in which an individual would normally engage with other individuals of the same age. What are the interests and preferences of other students who are 9? 15? 20? The attitudes and practices within a school and community toward people with disabilities affect their willingness to include them in activities throughout the day. The frequency of interactions (at school, with friends in the neighborhood, and with cashiers at the store) determines opportunities for communication and socialization.

Educational programs cannot be designed specifically to teach the skill of *socializing*. If Michael does not have opportunities to go to the gym with his fifth grade peers, how can he learn to take turns and partially participate in a game? Michael will not learn to push the ball to Stewart by practicing "pass the ball" in the classroom with the teacher. There are no social reinforcers or motivators for Michael within the confines of the classroom. The communication is likely to consist of directives from Michael's teacher with little time for Michael's initiation of comments or opportunities for choices.

How much socialization can take place during the fifth grade gym class?

Michael does not have a way to participate with the class during gym. Therefore, he is left on the sidelines near the bleachers.



Communicating with Michael's teacher and physical therapist, the gym teacher becomes familiar with some of Michael's objectives:

- to exercise his arms and legs
- to indicate choices, preferences, and interest

During gym class, Michael can:

- indicate a choice of games
- choose his friends to play
- push the ball to the next player
- keep score by pressing a counter with assistance
- offer to help put away the equipment

Building Social Networks

1. Peoples *abilities* are more important than disabilities.
2. People need more in their lives than services.
3. What happens on a day-to-day basis in peoples lives is what is truly important.
4. No one person should try to be everything for another person (Romer, 1991).

The challenge of learning language is perhaps the greatest one that children with deaf-blindness face (Miles, 1997). Without the *opportunity* to learn language, a student with deaf-blindness does not have the ability to participate effectively in the daily life activities in which a sighted and hearing individual can participate.

Make language accessible

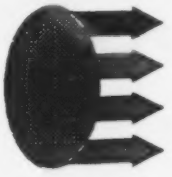
- discuss events, birthdays, holidays
- discuss community news, new stores, festivals
- discuss people, sports figures, heroes

Provide communication opportunities

- reasons to express happiness
- reasons to request more
- reasons to ask questions
- reasons to move

Communication Tips

Students with deaf-blindness rely on others to make language and communication accessible to them. Our language allows us to understand concepts of people, events, and locations. Communication allows us to express our preferences, dislikes, and needs. Understanding language allows individuals to live independently with confidence and an understanding of their own individuality. For the sighted and hearing person, the following assist to make a more predictable world:



events,
routines,
decisions about meals,
entertainment,
social comments,
friendships, and
past and future events.

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Important Dates

September 3 & 4
Jackson, Mississippi
BRIDGES - Bringing Resources, Inclusion, and Developmentally Appropriate Gains to Every Child in MisSissippi
For registration and information call Linda Terry or Ashley Kullman, Mississippi Department of Mental Health, (601) 359-1288, TDD 601-359-6230.

December 10-13
Boston, Massachusetts
1997 TASH Conference- The Association for Persons with Severe Handicaps
For registration and information call 1-800-482-TASH

For the Family

As of May 1997, the Mississippi Deaf-Blind Registry for Children and Young Adults included 141 individuals birth through twenty-one with vision and hearing impairments. Our project would like to provide each family with the opportunity to talk and/or meet with other families. If you would like to be included in *Family to Family Connections*, please call Theresa Bennett, Project Coordinator, at 1-800-264-5135.

Resources

American Association of the Deaf-Blind (V) 800-735-2258 (TTY) 301-588-6545
National consumer advocacy organization; provides technical assistance to persons who are deaf-blind and their families, educators, and service providers.

Helen Keller National Center for Youths and Adults who are Deaf-Blind (HKNC) (V) 516-944-8900 (TTY) 516-944-8637
Provides diagnostic evaluations, short term comprehensive rehabilitation, and work experience to youth and adults with deaf-blindness.

Deaf-Blind Perspectives (Free Publication) (V) 800-438-9376 (TTY) 800-854-7013

National Technical Assistance Consortium (NTAC) for Children and Young Adults who are Deaf-Blind (V) 503-838-8807 (TTY) 503-838-8714

The Hilton Perkins Program (V) 617-972-7220
Provides consultation, training and technical assistance to programs throughout the nation and in developing countries.

The National Rehabilitation Information Center (V) 800-346-2747 TTY 301-495-5626

National Information Center of Children and Youth with Disabilities (V & TTY) 800-695-0285

TRACES Teaching Research Assistance to Children and Youth Experiencing Sensory Impairments (V) 503-838-8807
Federally funded program dedicated to improving the quality of existing services for children with deaf-blindness.

DB- LINK: National Information Clearinghouse On Children Who are Deaf-Blind (V) 800-438-9376 TTY 800-854-7013
Federally funded information clearinghouse that identifies, coordinates, and disseminates information related to children (0-21) who are deaf-blind.

National Family Association for Deaf-Blind (NFADB) (V) 800-255-0411 ext. 275 (TTY) 516-944-8637
National network of families who focus on issues surrounding deaf-blindness; publish a quarterly newsletter.

U.S. Department of Education, Office of Special Education, Severe Disabilities Branch (V) 202-205-5507

U.S. Department of Education, Office of Special Education Programs, Services for Children with Deaf-Blindness Program (IDEA, Part C, Section 622; CFDA 84.025) (V) 202-205-8165
Awards grants and support projects which assist states in the provision of services for individuals who are deaf-blind.

The National Clearinghouse on Postsecondary Education For Individuals with Disabilities (V & TTY) 800-544-3284

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Resources for Vision
Lighthouse Low Vision Products
3602 Northern Boulevard.
Long Island City, NY 11101

American Foundation for the Blind
Eleven Penn Plaza
New York, NY 10001

National RP Foundation Fighting Blindness
1401 West Mount Royal Avenue
Baltimore, MD 21217

Resources for Hearing
Gallaudet University
800 Florida Avenue
Washington, D.C. 20002

Helen Keller National Center
111 Middle Neck Road
Sands Point, NY 11050

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Romer, L.T., & Byrne, A.R. (1995). Collaborative Teaming to support participation in inclusive education settings. In N.G. Haring & L. T. Romer (Eds.), Welcoming students who are deaf-blind into the typical classrooms (pp. 143-169). Baltimore: Paul H. Brookes.

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Project Staff

Nancy Batson, Project Director
Theresa Bennett, Project Coordinator
Berta Laiche', Grant Specialist

University of Southern Mississippi
Department of Special Education
Box 5115
Hattiesburg, MS 39406-5115
1-800-264-5135

If you know of an individual who may be eligible for the Mississippi Deaf-Blind Registry, please call 1-800-264-5135.

The information in this *Focus Flyer* was compiled by Theresa Bennett.

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FOCUS FLYER

"Focusing on Quality Services to Children and Young Adults with Deaf-Blindness"

TOPIC

COLLABORATIVE TEAMING

Collaborative teaming has become a necessary practice in working with individuals with deaf-blindness. It is unrealistic to expect one person to have knowledge of and implement all the strategies, adaptations, and modifications appropriate for a student with deaf-blindness. Even when a person is considered to be an expert in the area of deaf-blindness, a team approach with a strong home-school partnership is essential. The best educational programs are developed when a group of individuals who are invested in a student's success -- the student, family members, instructors, classmates, various specialists, and other service providers -- share their knowledge and skills (Thousand & Villa, 1992).

Teamwork means having:

- Two or more members
- A shared framework and mission
- Shared goals
- Members with complementary skills
- Shared resources
- Effective communication, collaboration, problem-solving
- Taking actions consistent with team goals and mission
- Members who help each other evaluate effectiveness
- Members who judge success or failure by group performance

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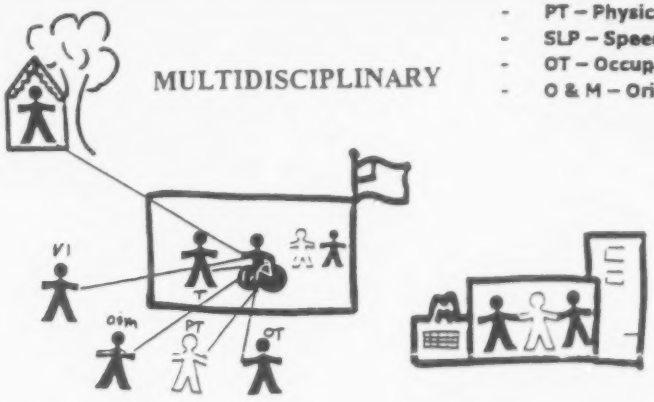
Team Structures Most Commonly Used

MULTIDISCIPLINARY

Composed of professionals from different disciplines who work <u>independently</u> of one another. Multidisciplinary approaches tend to splinter the student and not treat an individual as a whole.

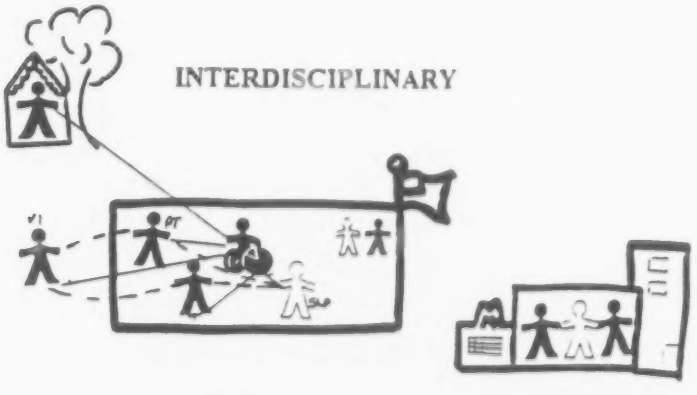
For example: Vision to the vision specialist,
Hearing to the audiologist etc.



- **PT – Physical Therapist**
- **SLP – Speech Language Pathologist**
- **OT – Occupational Therapist**
- **O & M – Orientation and Mobility Specialist**

INTERDISCIPLINARY

Composed of professionals from different disciplines who are generally responsible for implementing a <u>portion</u> of the plan and who communicate between each other to share and develop intervention plans.



----- communication

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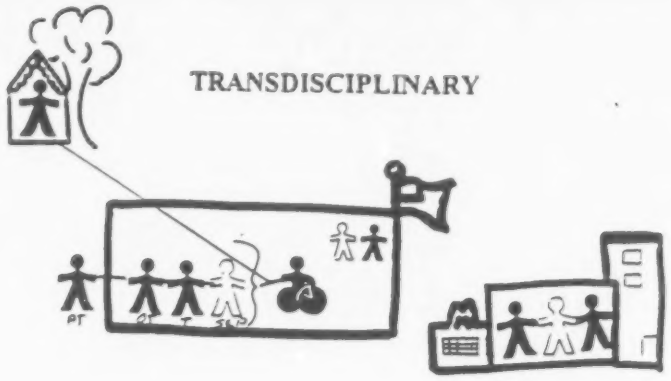
TRANSDISCIPLINARY

Composed of professionals from different disciplines whose focus is to provide services in a uniform, integrated fashion by sharing information and expertise across discipline boundaries through joint assessments and planning interventions that are discipline-free.



COLLABORATIVE

Composed of professionals from different disciplines as well as the individual, family members, friends and any other natural support person(s). The focus is to share their individual areas of expertise and knowledge and use creative problem solving strategies to respond to curricular, instructional and overall meaningful outcomes.

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Team collaboration is more effective when it is governed by the following principles:

- The student with deaf-blindness is the center of the collaborative teaming.
- Families are essential in planning meaningful life outcomes.
- Collaborative teaming is an ongoing cooperative and problem -- solving process. .
- Everyone involved in the collaboration has high expectations that an Individualized Education Plan (IEP) will strengthen the quality of the student's life.
- The use of consistent interactions in natural contexts is generally the most effective strategy for reaching meaningful life outcomes.

COLLABORATIVE TEAMS

- ✓ consider the choices of the focus person
- ✓ focus on strengths and abilities
- ✓ practice common courtesy
- ✓ respect uniqueness
- ✓ communicate frequent and effectively between team members
- ✓ work together to define meaningful life outcomes
- ✓ share decisions and planning
- ✓ invite active participation by all team members
- ✓ plan mutually-agreed-upon times and places to meet
- ✓ display a common support for the vision
- ✓ maintain high expectations
- ✓ understand that its OK to disagree
- ✓ promote comfortable settings as opposed to time-limited and procedure driven settings
- ✓ collaborate and coordinate services around the focus person rather than the needs of staff or service providers

TOGETHER WE ARE BETTER!!

A cooperative work group brings to bear on a complex task differing values as well as unique professional perspectives. This enhances the problem-solving effectiveness that is required when planning for successful outcomes.

Meaningful life outcomes occur when a group of individuals who are invested in a student's success -- the student, family members, classmates, instructors, specialists, and other service providers -- share their knowledge and skills and provide ongoing support.

Teachers, parents, and other service providers are discovering that they are better able to evaluate, diagnose and recommend and support meaningful outcomes when they work together.

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This information was compiled by Nancy Batson

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DATES TO REMEMBER

March 5 – 6 Regional Resource Partnership Training - Jackson, Mississippi. A statewide collaborative to train regional teams to support individuals with deaf-blindness. For more information contact Nancy Batson at 601-982-6179.

March 18 Mental Retardation/Developmental Disabilities Awareness Day at the Capitol, Jackson, Mississippi, 9:00 a.m. - 3:00 p.m. For more information contact Shirley Miller at 601-359-1288.

March 26 - 28 The 150th Anniversary of the Mississippi School for the Blind. East Ridge Conference Center, Raymond, MS. For further information Call 1-601-984-8203.

April 1 - 4 Mississippi Speech and Hearing Association at Crown Plaza Hotel, Jackson, Mississippi. For more information call 1-800-664-6742.

April 17 - 18 Mississippi Registry of Interpreters for the Deaf - State Conference. Hinds Community College, Raymond, MS. For more information contact Gina Sherman at 601-894-1771.

May 30 Second Annual Cerebral Palsy Foundation Conference for Families. Promos Northgate Convention center, Jackson, MS. For more information contact 601-853-1961 (Jackson area) or at 1-888-852-1961.

July 31 - Aug. 1 ARC/MS and Parent Partners Annual "Building Partnerships" Joint conference. Jackson Hilton, Jackson, MS. For more information contact 1-800-366-5707.

Mississippi Services for Children and Young Adults with Deaf-Blindness
Project Staff

Nancy Batson – Project Director
Theresa Bennett – Project Coordinator
Berta Laiche – Grant Specialist

University of Southern Mississippi
Department of Special Education
Box 5115
Hattiesburg, MS 30406
1-800-264-5135

Contact our website @
www.msdb.org

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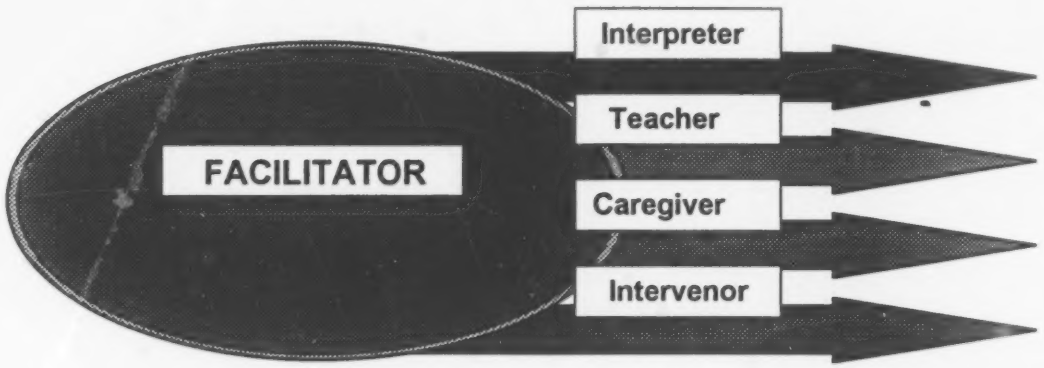
Number 13 November, 1998

FOCUS FLYER

"Focusing on Quality Services to Children and Young Adults with Deaf-Blindness"

Supporting Students with Deaf-Blindness Who May Have Additional Disabilities via Facilitation Approach



Individuals with deaf-blindness display differences in degrees of sensory impairment, age of onset, presence, and extent of other disabilities, all of which impact the degree of supports and services necessary to function in a variety of environments. The combination of sensory impairments creates severe communication needs which challenges families and service providers to collaborate to support effective communication strategies. This *Focus Flyer* will provide information regarding a facilitation process that promotes the training of individuals who work with students with deaf-blindness to become FACILITATORS of communication.

To fully understand the roles of the facilitator means that one must also understand what the facilitator is not. Here the greatest concerns arise in utilizing individuals who have not received adequate training and who serve as the primary supports for students who are deaf-blind. The role of the facilitator must be very clearly and carefully designed.

The Facilitator is...

a. interpreter
b. intervenor
c. teacher
d. caregiver
e. all of the above

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The facilitator is a member of the collaborative team, and therefore becomes an "implementer" for other team members in their desires to meet educational goals.

The facilitator...

...is not the teacher ...is not the only one who communicates with the student
...does not replace a well-planned individualized and functional person centered IEP
...does not exclude the need for specialized services.

Effective collaborative teams who work together, share objectives and information, and celebrate accomplishments, are most likely to design effective facilitator supports for the students. These teams recognize that specialized services as well as family input are critical in supporting the student as a whole. Services must not be fragmented; that is, the student's needs in the area of deaf-blindness cannot be treated separately and in isolation from the student's needs in the area of deafness, as well as needs which are present from additional physical and/or developmental disabilities.

WHAT IS A FACILITATOR?

→ A facilitator is someone who provides one~on~one intervention with the individual whom is deaf-blind.

→ A facilitator is an interpreter, intervenor, a teacher, and a caregiver.

→ A facilitator acts as the eyes and ears of the individual with deaf-blindness... interpreting the environment in a form that he or she can understand.

In all daily routines and developmental activities, the facilitator tries to stimulate the individual with deaf-blindness tactually, visually, and auditorily in an effort to enhance interaction and learning, and to reduce the defensiveness and self-stimulation behavior. The facilitator tries to teach communicative responses to all signals and communicate efforts from the individual with deaf-blindness.

Adapted **from SKI*HI,** 1993

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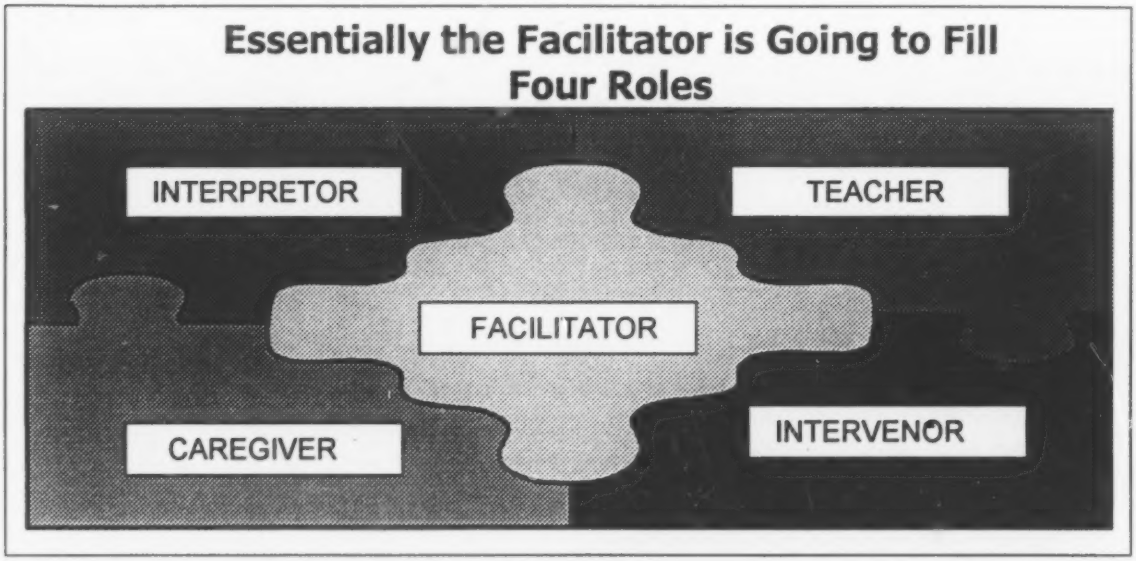
ROLES OF THE FACILITATOR

- Motivates child to learn despite their deaf-blindness by establishing an emotional bond with the child.
- Participates in training about aspects of working with children with deaf-blindness and uses knowledge in working with child.
- Provides a combination link between the child and his/her surroundings to facilitate learning.
- Facilitates interactions between child with deaf-blindness and children without disabilities.
- Establishes a relationship with the family and provides information on the child's progress as well as training on intervention strategies.
- Works co-actively with the child to teach him/her daily routines and activities.
- Participates in the IEP planning process and documents student progress toward attainment of goals and objectives.

Adapted from Texas School for the Blind and Visually Impaired: DeafBlind Outreach

It is of primary importance for the facilitator, as well as team members, to have an understanding of how deaf-blindness impacts learning and the techniques which successfully support skill acquisition for the students who are deaf-blind. A realistic fear for families is that their child will be supported by an assistant, teacher, related service person, peers, or other team members who do not possess this most basic knowledge and thus, facilitation and instruction becomes meaningless to the student.



Each of these roles is important in its own regard; however, communication and mobility must be the center of this design.

Interpreter - The facilitator will be interpreting the events in the school environment and will provide that information to the student. Therefore, the communication offered must match the student's ability to receive that information.

Intervenor - The facilitator will intervene and support the receptive and expressive communication.

Teacher - The facilitator will provide one-to-one instruction to the student under the guidance of certified staff and with the support of the collaborative team members.

Caregiver - The facilitator will provide support during routines regarding self-care and personal hygiene respecting the dignity of the student, as well as the opportunities to participate in the routine.

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Knowledge and Skill Development Needed by Facilitators

Competency requirements for facilitators must be based on the ***individual needs*** of a particular student. Since facilitation is one of on-going development, the training, level of performance, and continual staff development of the facilitator needs to be conducted by a number of school personnel including both special and general education as well as various specialists.

Individuals who engage in training may vary for each facilitator based upon the unique needs of the student and the resources that are available. At the very least, the student's family, classroom teacher, special education supervisor, deaf-blind consultant, and school administrator must provide the support.

Ideally, a collaborative partnership of occupational, physical, and communication therapists, classroom teachers, audiologists, teachers of the deaf, teachers of students who are visually impaired, family members, deaf-blind consultants, and administrators would help to support the evolution of the facilitator's roles. Creativity and commitment are successful components to this building process, which occurs with cooperation over time.

ESSENTIAL AREAS OF KNOWLEDGE AND SKILL DEVELOPMENT INCLUDE:

- Expressive/Receptive Communication
- Family Eco-System
- Assistive Technology
- Positioning
- Social Relationships
- Incidental Teaching Strategies
- Orientation and Mobility
- Medical Information

- Collaboration/Team Problem Solving
- Personal Student Information
- Adaptations and Supports
- Reinforcement/Motivational Strategies
- Curriculum and Education Programming
- Vision and Hearing
- Meaningful Life Outcomes

MSDB/1998 Adapted from You & Me Video Series, Greenfield, Ford, and Frederick, 1996; and TRC Standards, March 1, 1995

In order for children and young adults with deaf-blindness and multiple disabilities to benefit from educational programming, instructional strategies should be developmentally appropriate and providers should utilize "best practices". For further information please review our web-site at www.msdb.org under **Instructional Module.** If you do not have access to this, please call the project for a copy.

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FROM NANCY BATSON:

My Vision Is Your Dreams

As I retire from the State of Mississippi and USM, I want to thank every parent, teacher, administrator, and service provider for allowing me the opportunity to provide technical assistance to support the unique needs of the children and young adults with deaf-blindness. The areas of deaf-blindness and severe disabilities have been a major part of my life since I was a teacher 27 years ago. One thing that I have learned over the years is that no one person has the answer and it is through collaborative support that enables all of us to survive. I have learned so much from all of you and hope that in some way I have shared experiences and expertise that will support your dreams. My vision is your dreams and I will continue to strive for that vision in my retirement. If I can be of any assistance, Theresa knows how to reach me. Thank you all!

FAMILY TO FAMILY

Families of children with deaf-blindness, and who may also have other disabilities, are advocating for trained personnel to facilitate their child's communication and learning within a variety of environments. Cindy, a parent of a child with deaf-blindness, discusses the role of the facilitator for her child.

Kelli is in a transition class with four other children who spend a portion of their school day with other kindergarten classes.

"Cindy, as a parent, what prerequisites would you suggest for a facilitator before working with a child?"

"First, an individual has to have experience in the area of receptive and expressive communication. The form of communication used, must be used consistently by everyone who interacts with the child, in any environment. Communication is a vital need for children with disabilities. Second, make sure that all of the people who are working with your child communicate and collaborate with each other."

"What do you see as the main role of the facilitator at school?"

"The facilitator provides Kelli with information throughout her day. She facilitates to teach and to assist in learning to communicate and get to know Kelli. The facilitator works as a team member to provide support for Kelli on a daily basis."

"What is your biggest fear about having a facilitator?"

"My biggest fear is that the facilitator would not allow Kelli to achieve her highest level of independence as possible."

"How can other families decide if a facilitator would benefit their childs' education?"

"Children should be able to participate in any activity and they need the support to do so. For a child like Kelli, who uses pictures and sign language for expressive and receptive communication, a facilitator provides the support she needs for learning and communication. The opportunity for learning requires the consistency provided by the facilitator."

The information in this *Focus Flyer* was compiled by Nancy Batson.

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ONGOING AND UPCOMING ACTIVITIES:

Regional Resource Partnership: Since February of 1997, the project has been collaborating with families, state agencies, and other related services to provide support to children and young adults through regional resources. Three statewide trainings have been completed. We want to thank everyone, especially NTAC, for their commitment of time and energy to ensure the 139 children and young adults on the deaf-blind registry receive local support.

WELCOME BACK JAN! Jan Holston has returned to the project as Project Coordinator. Jan's grant experience and coordination skills will be an asset to the project. Theresa Bennett-Pender is serving as Interim Director.

Project Staff:

Theresa Bennett Pender, Project Director (Interim)
Jan Holston, Project Coordinator

University of Southern Mississippi
Department of Special Education
Box 5115
Hattiesburg, MS 39406-5115
800-264-5135

This *Focus Flyer* was produced under U.S. Department of Education, Office of Special Education and Rehabilitation grant #H025A20030 to the Department of Special Education, University of Southern Mississippi. The information presented herein does not necessarily reflect the policy of the U.S. Department of Education, Office of Special Education and Rehabilitation, or the Department of Special Education, University of Southern Mississippi and no official endorsement may be inferred. AA/EOE/ADAI

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Community-Based Services for Children and Young Adults with Deaf-Blindness

phone:
1-800-264-5135 or
601-266-5135
Fax: 601-266-4978

Deaf-Blindness

WHAT DOES IT MEAN?

Mississippi Services for Children and Young Adults with Deaf-Blindness defines deaf-blindness as having varying degrees of hearing **and** vision losses.

For some individuals with complex or severe disabilities including cognitive or motor disabilities and medical conditions, it is frequently difficult to document hearing or vision loss. Therefore any child or young adult that does not respond to auditory or visual stimuli in the environment, requiring adaptations in both areas, may qualify for services.

Think about these frequently made statements, are they true?

"The student who is non-verbal with physical limitations will not benefit from accurate hearing and vision assessments by qualified personnel for educational programming." **NO!**

"The student is not motivated and/or difficult to communicate with, therefore, he/she must not want to participate." **NO!**

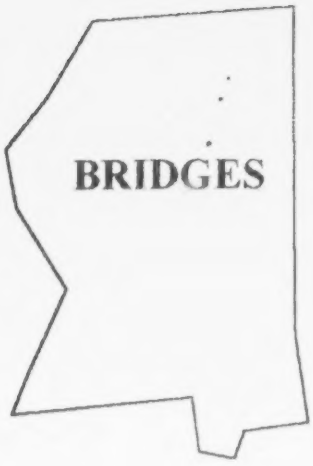
"Orientation and mobility are not important issues because the student uses a wheelchair/the student is too young." **NO!**

Few generalizations can be made about a student with deaf-blindness. A vision and a hearing loss, regardless of the degree, denies a student

access to information.

WHO IS ELIGIBLE FOR THE DEAF-BLIND REGISTRY?

Any child or young adult, birth to 22 years of age, with varying degrees of hearing ***and*** vision losses.



Bringing Resources Inclusion, and Developmentally Appropriate Gains To Every Child in MiSsissippi

ENHANCING CHILDREN'S LEARNING THROUGH DAILY ROUTINES

Children need structure and order in their lives. Within the established routines of each family or classroom are many opportunities to teach children skills that will enable them to be more successful when they enter school. Routines consist of activities such as waking up, brushing teeth, eating breakfast, washing clothes, unloading the dishwasher, and going on an outing.

Each of these routines provides opportunities to enhance language, communication, motor development, thinking and problem-solving skills, daily living skills, and social skills. The same is true for routines established in preschool and kindergarten classrooms. It is important to remember that routines should be repeated over and over so children may gradually increase their participation until they can do things by themselves with confidence. Routines must also remain flexible enough, however, to allow changes and unexpected events when needed. Teaching children to effectively deal with change is as important as anything else we teach them.

Any experiences that are planned for children must first make sense to them. Activities must also be interesting for children if they are to learn from them. For example, teaching children to tie shoelaces makes sense when putting shoes on in the morning or after a nap, but not in the middle of the day just for its own sake. The natural reward for putting on shoes and tying them is to be able to go outside or participate in some activity which requires shoes. Again, all activities for children should make sense and be fun, interesting, and age-appropriate.

Example: Bathing

Bath time can be used to imitate an infant's sounds and movements, name body parts, hide and find objects, and count fingers and toes. For older children, bath time can be used to work on language skills, such as sequencing, "What do we do after we wash your hair?", and following directions, "Put some soap on the washcloth."

Example: Eating

Mealtimes can be used to work on an infant's gradual shift to self-feeding and also his communication skills, such as the ability to indicate "more." Older children can learn to set the table, use eating utensils appropriately, or engage in general conversation about the day. Children can learn responsibility by having their own chores such as setting the table, clearing the table, or even just taking a few simple items to the table for someone else to set.

☞

Building Capacities for Seamless Services
February 5-7, 1997
Atlanta, Ga
Team Members:
Mike Montgomery, Association for the Rights of Citizens with Developmental Disabilities
Mike Gandy, Vocational Rehabilitation for the Blind
Nancy Batson and Theresa Bennett, Deaf-Blind Project Staff

Three Regional Stakeholders Meetings

Meeting # 1
Oxford
July 17, 1997

41 Persons

1. Quality, trained personnel
2. Coordination of resources/maximize resources/set up mechanism to get information out
3. Early Intervention-more trained personnel

Meeting # 2
Hattiesburg
October 1, 1997

17 Persons

1. More service coordination for each consumer and their family
2. Training of public school educators
3. Housing for consumers and staff training

Meeting # 3
Jackson
October 2, 1997

34 Persons

1. Training for service providers, parents, and teachers
2. State legislation for education funding and assistance
3. Parental choice in mode of instruction for child's education

Technical Assistance Nee

There is a need in Mississip for all individuals who are deaf-blind to be served by a collaborative team that has received comprehensive training.

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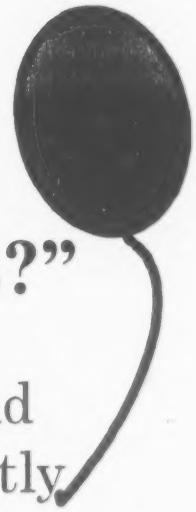
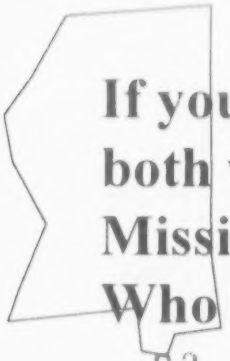
Sights and Sounds

"Hear Daddy calling?"

"See the balloons?"



Infants and toddlers who have vision and hearing problems communicate differently. It is important for the family, and others involved with the family, to understand the child's language and communication development.



If you know of an individual (under 21) who has both vision and hearing impairments, please contact Mississippi Statewide Services For Individuals Who are Deaf/Blind at 1-800-264-5135.

UNIVERSITY OF NEVADA RENO

COLLEGE OF EDUCATION

Nevada Dual Sensory Impairment Project
Department of Curriculum and Instruction/282
Reno, Nevada 89557-0214
(775) 784-6471
FAX: (775) 327-5220

June 10, 1999

University of Southern Mississippi
Department of Special Education
Southern Station, Box 5115
Hattiesburg, MS 39406-5115

To Whom It May Concern,

The purpose of this letter is to request purchasing information/order form for the following resource:

Adapt-A-Strategy Booklet Series: Interaction and Play
By Jimmie Matthews

We are interested in the above resource and are looking forward to adding it to our parent/professional resource lending library. Please send or fax the information to the address printed above.

Thank you,

MaryAnn Demchak

MaryAnn Demchak, Ph.D.
Project Director

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Jim Edgar, *Governor*

Illinois Department of Human Services

Howard A. *Peters III*, *Secretary*

623 E. Adams, P.O. Box 19429 • Springfield, IL 62794-9429

November 19, 1998

Theresa Pender
University of Southern Mississippi
Department of Special Education
Box 5115
Hattiesburg, Mississippi 39406-5115

Dear Ms. Pender:

Thank you for sending the copies of the July 1998 *Focus Flyer*.

Approximately ten copies will be disseminated; five going to Low Vision Clinics and five going to Speech and Hearing Clinics.

Again, thank you for the information.

Sincerely,

Robert/ps

Robert E. Griffith, M.A.
Deafblind Services

REG:ps

Rec'd 11-23-98
JBP

Just a Little Reminder !!!

There are several upcoming statewide conferences we hope you can be a part of. This is an opportunity to gain information, identify resources, as well as an opportunity to meet other families in our state with children and young adults with disabilities.

Parent Partners Annual Conference

July 31 & August 1, Harvey Suites (formerly Holiday Inn North I-55), Jackson.

Several Topis include:

- ❒ IDEA Update,

Dr. Thomas Hehir (Director, Office of Special Education Programs, from U.S. Department of Ed.)

- ❒ Person Centered Planning, Jane Everson
- ❒ Section 504, Vicki Johnson

For more information contact Parent Partners at 1-800-366-5707 or MS Deaf- Blind Services at 1-800-264-5135.

Second Annual Cerebral Palsy Foundation Conference for Families

Saturday May 30, Primos Northgate Convention Center, 4330 N. State St., Jackson, 8:00 - 3:30

Several topics include:

- ❒ Insurance Changes;
- ❒ Person Centered Planning;
- ❒ Classroom Facilitators (communication assistant)

For more information contact CP Foundation 1-888-852-1961 or MS Deaf-Blind Services at 1-800-264-5135.

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"DEAF-BLINDNESS"

WHAT DOES IT MEAN?

Vision and hearing losses may sometimes be overlooked if an individual has other disabilities. Individuals with deaf-blindness require unique educational approaches in order to have every opportunity to reach their full potential. Communication strategies, environmental modifications, along with the consistency of routines, enhances opportunities for learning and make the world a less confusing place for an individual who is deaf-blind.

If you know of an individual (under 22 years of age) who may have both a vision and a hearing loss, please refer to:

Mississippi Services for Children and Young Adults with Deaf-Blindness

University of Southern Mississippi
Department of Special Education
Box 5115
Hattiesburg, MS 39406
800-264-5135
email: deaf-blind@usm.edu

Mississippi Services for Children and Young Adults with Deaf-Blindness

Invites you to visit:

www.msdb.org

Priorities and Mission Statement	Advisory Board and Staff
Informational *Focus Flyer*	Activities and Resources
Module: Embedding Critical Skills *(Developed through Early Education Grant #H024B200011)*	Online Resources

Dates of Profile: April 19, 1999, May 19, 1999
Compiled by: Nancy Batson

PROFILE

Identification Information

Name: Kevin Helfrich
Date of birth: June 29, 1978
Social Security #: 427 73 3955
Address: 5042 Canton Heights Drive, Jackson, MS
Phone: 601-956-6944
Marital status: Single
Current occupation/status:
Kevin is currently a student at Murrah High School where he attends a special education self-contained class. He will have one more year until he graduates from Murrah. He has not had any actual community employment experiences; however, he has had some community-based instruction and functional vocational skills in his classroom. His mother would like for him to have a safe meaningful day in his home community, which will include some type of employment.

Residential/Domestic Information

Family (Parent/guardian, spouse, children, siblings):
Kevin lives at home with his mother and sister. He spends four hours every other Saturday with his father who lives in Clark County in south Mississippi. The four hours every other Saturday is the choice of his father.

Extended family: None

Names and ages of persons living in the same home/residence:
Julie Helfrich **Age:** 46 **Relation:** Mother
Lori Helfrich **Age:**12 **Relation:** Sister

Residential history:
Kevin has lived with his mother and sister in his current house for 19 years.

Family support available:
Kevin's mother and sister are willing to support whatever employment possibilities in order to obtain and hold a job. This support includes interviewing service providers, transportation, and emotional support.

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Description of typical daily routines:

Kevin's typical school routine is as follows:
7:30-7:45 Arrive at Murrah
7:45-8:30 Breakfast
8:30-9:20 Vocatioal Skills (fine motor prep)
9:25-10:55 Vocational Skills, lunch, money pack
11:00-11:30 Bathroom Skills
11:35 Down time, out of wheelchair
11:55-12:45 Medicine 12:30 gym
12:50-1:15 Snack, juice, clean up
1:20-1:35 Rec/leisure (computer, arts crafts, pet care)
1:45-2:35 Plant care, dusting, watering
2:40-3:30 Domestic (classroom clean up, prep for home, bus loading)
3:30-6:00 After school program

Kevin's typical weekend home routine is as follows:
9:00-10:00 Sleep late and wake up whenever
Take medicine, get dressed and eat a late breakfast
Late morning go to the mall or grocery store
2:00-2:30 Lunch
Late afternoon take bath in the bathtub
6:00-8:00 Supper
Evening time out of chair on den floor
10:30 Bedtime

Friends and social group (s):

Scott has been Kevin's closest friend. His sister's friend Laura and his mother's friends and Maggie (Godmother) have also been individuals that Kevin is attracted to and interested in their presence.

Description of neighborhood:

Kevin lives in a northeast Jackson neighborhood. The houses in the neighborhood are located on nice size lots with large shade trees. Kevin's house is about one (1) block east of Old Canton Road, which is a main thoroughfare for public transportation. The neighborhood streets are wide and well kept and the driveways are concrete. Parham Bridges Park is located about two blocks from the house and has paved walking trails. There are no sidewalks in the neighborhood. The house is approximately five miles from Murrah High School and is conveniently located near many services.

Location of neighborhood:
Canton Heights Drive is directly off Old Canton Road and going east it is one street past the intersection of Ridgewood Road and Old Canton Road. Several shopping centers are within walking distance as well as access to I-55 North.

Services near home:
This part of northeast Jackson has every essential community service: churches, shopping, library, professional services, schools, parks and recreational sites, grocery stores, restaurants, and public services (fire and police stations).

Transportation availability:
Special school bus transportation equipped with a lift and tie downs transports Kevin to Murrah. Special public transportation is available to Kevin to and from his house. Kevin's mother has a mini-van, which has the middle seat removed to make room for Kevin's wheelchair. His mother uses the seat belts to tie down the chair and a piece of ply board to roll him into the van. Kevin's mother transports him from after school care to his house. She also transports him to any appointments and activities. Ms. Helfrich does work and she takes off work to make necessary appointments.

General employment near home:
As previously stated, there are numerous types of employment opportunities in the section of northeast Jackson where Kevin lives.

Specific employers near home include:
Great Scott Clothing Store, Books A Million, Northeast Animal Hospital, Book Rack, Radio Shack, Eckerds Drug Store, Jitney Premier Grocery Store, Greenbrook Florist, Good Year Tire Service, Baskin Robins, Parham Bridges Tennis Center, Sports & C., Hickory Pit, Stein Mart, Lauren Lanes Bowling, Roberts Frame Shop, Fire Station, Police Station, Picadilly Cafeteria, Red Arrow Car Wash, Dentist/Orthodontist Office, Early Learning Center, Deposit Guaranty Bank, Trustmark Bank, Blockbuster Video, Beauty/Barber Shop, Burger King, Steak Shop, Kees Photography, Video Library, Sewing Center, Roberts Frame Shop, Cleaners, Post Office, Office Depot, Bebop Record Shop.

Educational Information

History and general performance (from school records, interview data, observations):
Kevin attended the Briarwood Baptist Church day care and preschool program until the age of four. His mother stayed at home with Kevin his fifth year and he has attended a public school self-contained special education class for children with multiple disabilities

since the age of six. He is presently attending his neighborhood high school, which is Murrah. Kevin was born prematurely with birth trauma resulting in cerebral palsy, cataracts, and profound hearing loss. He was seen by Dr. Tardo at birth and was given a prognosis of little hope. Kevin was seen by school district early interventionists when he was three years old. At the age of five and a half, he received his initial comprehensive assessment for placement in a Developmental Delayed Program. He has attended neighborhood schools since his elementary years. His past IEP's document participation in functional community based Instruction through his middle school years. While in elementary and middle school, Kevin participated in instructional activities with typical peer buddies and was included in school activities such as school programs, library, music, PE, and lunch. Kevin has been served by the MS Services for Children with Deaf/Blindness since his preschool years. Many inconsistent efforts have been made to assist and develop his communication skills. Kevin appears to understand 200+ signs which his mother uses when communicating with him. Kevin continues to receive related services for expressive language. Kevin has been performing/participating in the same type of IEP goals for the last 5 or 6 years.

Vocational programming/performance:
Kevin's IEP's have reflected programming in the vocational domain. Wiping tables and delivering orders or messages, and dusting furniture have been several vocational activities. At the present he is attempting to stamp return addresses on envelopes using a wooden handle rubber stamp. Kevin's motivation to participate in vocational activities with support fluctuates. He is motivated when an attractive female or his teacher supports him.

Community functioning programming/performance:
Kevin has participated in community based instruction until the last two years. He has used order cards to order in fast food restaurants and has participated in grocery shopping by making choices of specific items and holding grocery items. He has participated in community trips to convenience stores to make a purchase. Kevin has attended the REACH program at St Richard church. Kevin likes the fair and the zoo.

Recreation/leisure programming/performance:
Kevin likes to swim with his sister and has attended summer programming for students with disabilities. He likes to roam and enjoy the activity in the mall. He likes scooting on his back in his family room at home.

Work Experience Information

Informal work performed at home: None at the present time.

Formal chores at home:
At the present time Kevin is not required to assist in his food preparation or clean up.

Informal jobs performed for others:
Jobs at school such as cleaning his tray and table with assistance. Participation in watering plants in the classroom.

Sheltered employment: None

Paid work: None

Summary of Present Level of Performance

Domestic skills:
Kevin anticipates and participates to the degree that he is physically able in dressing. He assists in his toileting by stiffening to be changed. Kevin enjoyed being in the track sling lift at the T K Martin center. This lift enabled Kevin to be changed using a changing table. It could also be utilized for bathing if it was available for home us. Kevin likes his bath, however, it is difficult for his mother to lift him into the tub. He tolerates being shaved with an electric razor as well as with shaving cream and a razor. Kevin does not assist in preparing his meals, however, he can control switch-activated appliances. At school Kevin is fed mashed food served in regular school lunches drinks juice and milk form a plastic cup and he eats at the table with the students at Murrah. He does not like rice or any potatoes. He loves vegetables and will vocalize for more food or spit when finished.

Community functioning skills:
Kevin is able to access community environments with transportation assistance and a personal assistant. Kevin participates by making choices in shopping, purchasing, and eating out with direct support from his mother, sister, teacher, and assistants. Kevin does not go out in his neighborhood unassisted; however, he can roll though the neighborhood and the mall with assistance.

Recreation/leisure skills:
Kevin enjoys roaming the Northpark mall and he likes roaming in large stores like Super Kmart. He loves the water and he likes to float with assistance. He likes being around his peers especially attractive females. He also enjoys being around activity and being the center of the activity.

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Academic skills (Reading, Math, Time, Money):

Kevin has used one-dollar bills to participate in making purchases and waits for the change. He anticipates the time for his classroom activities as well as routines at home. Kevin remembers people that he meets and he also retains how to do something once he learns it. "He is his own reinforcer", meaning that when he gets it he knows it. He will use the skill when he wants to and will not participate in repetitive task in order to meet a criteria. He also understands natural reinforces such as controlling a light with a switch and he likes turning a light on and off with a wall switch. He laughs when the light goes on and off.

Motor/mobility skills:

Kevin has cerebral palsy, which affects both his upper and lower extremities. He can hold an object when placed in his hand for several seconds. With facilitation (holding his arm in an appropriate position) Kevin can apply pressure to a plate switch. With an adaptation of a long flexible joy switch, he can activate a motorized wheelchair. Kevin must have a personal care person to be pushed in his wheelchair. At home he can scoot on his back on the carpet. He scoots to points of interest at the time in his family room. Kevin can flip a light switch on and off when the switch is made available. He can also pull a fan and light chain when made available.

Sensory skills:

Kevin has low vision with a visual acuity of 20/200, which would put him in the legally blind category. Kevin does track objects, lights, and is able to discriminate people when they walk in the room. He also appears to see his food and objects placed on his tray or table. Kevin has a profound 91+ dB hearing loss. He possible hears some voices or noises through air conduction because according to the evoked brain stem responses there is no indication on hearing. Kevin does startle in response to a sudden physical contact such as a strong gust of air, someone touching him, or strong vibrations from extremely loud noises.

Communication skills:

Kevin has utilized switch activated choice boxes for up to 4 choices. He no longer has access to the choice box and uses single big red switches to control electronic devices. He has access to a Cheap Talk communication device; however, it is utilized more for single word language activities. Kevin uses switches only when he is motivated to do so. Kevin's mother uses signs with Kevin and the most frequently used signs are: stop, go, home, sister, friend, more, yes, no, eat, sleep, good morning, good night, I love you, wait, want, chair, drink, apple juice, orange juice, milk, mother, drive, on, off, in, out, cat, dog, bird, finished, water, open, close, please, sorry, happy, bath, and hurt. Ms. Helfrich uses signs directly in his line of vision and close to his face. He appears to anticipate

the activity or choice. Kevin expresses discomfort through his body language and facial expression, which is one of grimace. He expresses pleasure by giving attention and smiling or laughing. He expresses impatience by gritting his teeth and displeasure or anger by spitting. He also gets attention by gritting his teeth and spitting. Communication objects indicating various activities have been utilized with Kevin along with picture symbols. He can touch the object or picture symbol that he chooses. Kevin seems to understand signs the best especially when used in the appropriate context. He makes several verbal sounds, which usually indicate discomfort, need for attention, or a happy sound. Kevin uses his left hand to touch the person's hand he is communicating with to indicate yes, no, finished, and more.

Social interaction skills:

Kevin appears to remember people and he is selective as to which people he will acknowledge. He is very partial to cute teenage females. Kevin seems to interact when there are a number of people around. He has developed good waiting skills and those who know Kevin well know that he has an almost mischievous sense of humor. He does like attention from the people he chooses. Kevin gets excited at pep rallies and he watches the activity and responds to the vibrations of the band. He likes the crowd as long as they don't get in is way. He will spit if he gets annoyed.

Physical/health related skills and information:

Kevin has stiffness in his arms, wrists, and legs. His hip is dislocated and he must be in an appropriate position both in and out of his wheelchair. He takes medication for seizures, sinus, and muscle spasms. Kevin is in good health and he is rarely sick enough to miss school.

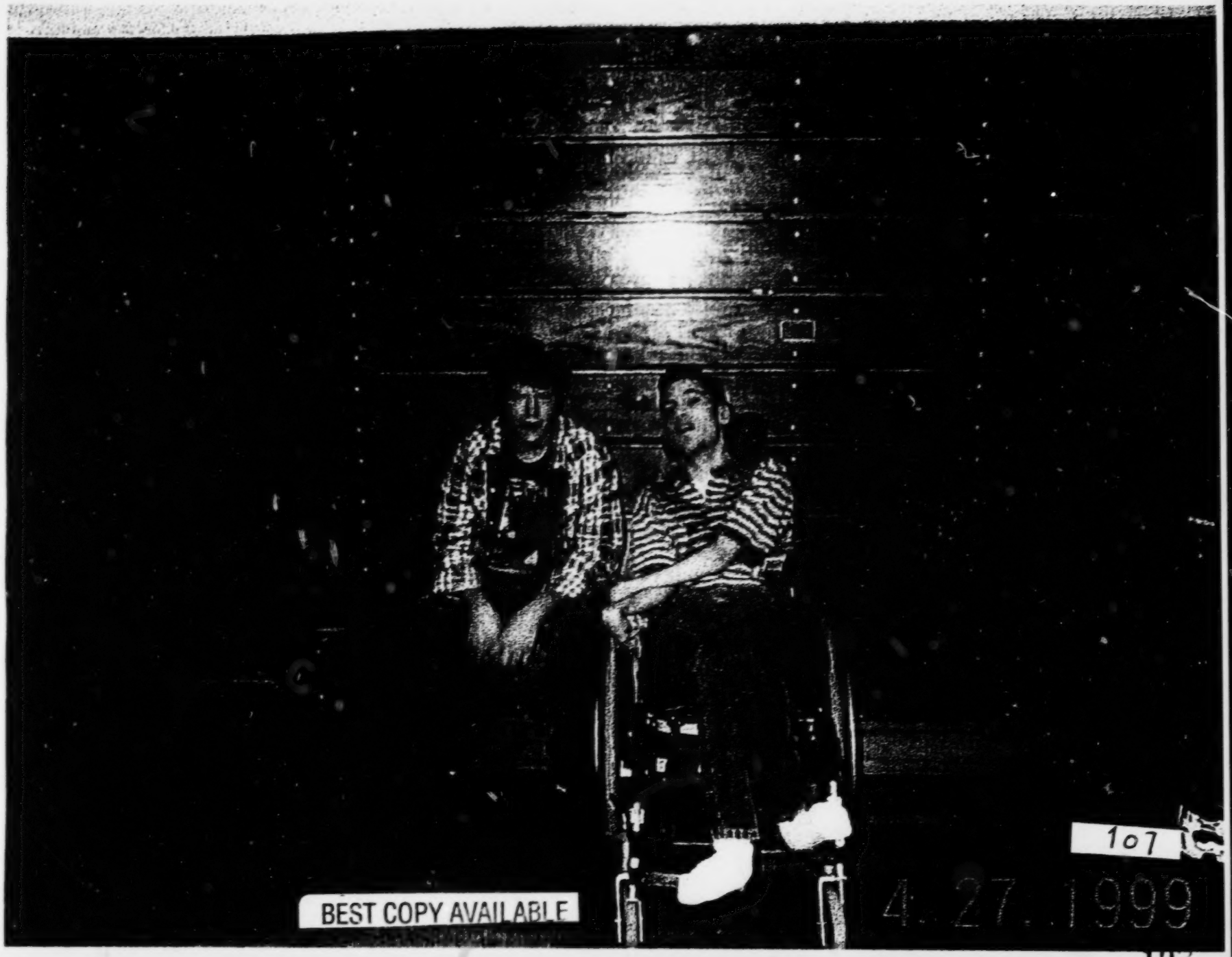
Vocational skills:

Kevin's ability to activate a plate switch to control an electrical appliance does have vocational implications. Specific skills utilizing the switch have not been determined at this time due to the lack of work opportunities. Motivation to work is a challenge for Kevin. Kevin has had work experiences participating in hanging clothes at Thriftco by allowing the clothing items to remain on his chair and pushing books off his tray into a basket to be shelved at Medger Evers Library.

Learning and Performance Characteristics

Conditions Kevin likes best:

As previously stated Kevin likes being around his age peers and prefers females. He likes having his peers push his wheel chair and interact with him. Kevin likes being in large spacious places where there are people and activity. He does like to have a time of the day when he can get out of his chair and relax. Kevin is not a morning person and he becomes more alert around 10:30 to 11:00. He likes cool places. He sweats when is too warm of a place and expressed discomfort.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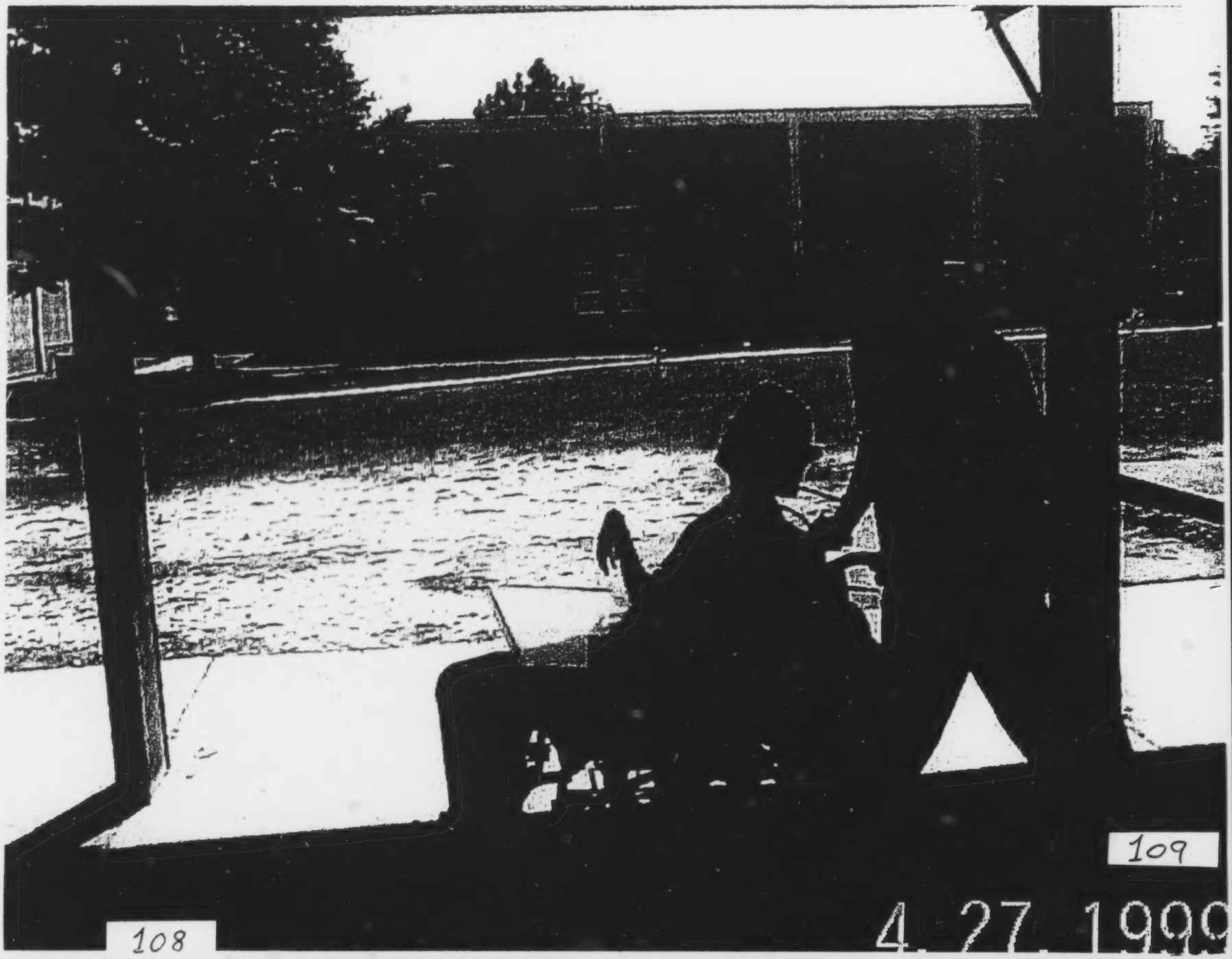
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Instructional strategies which work best:

Facilitating Kevin's positions of his arms and hands allow for optimal switch use. A large work space, such as a table top is more adapting for work activities than his wheelchair tray. Communicating with Kevin using signs close to his face pared with speaking seems to be the most affective. Kevin does respond to visual cues as well as physical prompts. Kevin also responds better to high contrast objects and pictures. The computer has not been adapted so that Kevin can access it, thus it is not known at this time whether the computer is a possible instructional strategy or tool. Kevin likes being told good (sign), being touched and smiled to indicating approval.

Degree of support typically required to learn and participate:

Kevin requires structured activities with specialized adaptations and modifications to insure optimum positioning. Physical support is required for Kevin to participate in all activities. Hand over hand as well as hand under hand support is required for Kevin to learn an activity. Consistency in giving directions, demonstration in natural context and environments and using consistent signs to communicate what is expected is also required in order to achieve results.

Environments/strategies to be avoided:

Activities requiring speed should be avoided. Repetitive tasks without any motivating qualities cause Kevin to turn off. Places where the temperature is warm. Simulated activities rather than naturally occurring activities.

Preferences

Type of work the Kevin wants to do:

Kevin is unable at this time to actually express the type of work that he wants to do. Because of the degree of support necessary for Kevin to participate, family and service providers must be observant and creative in determining Kevin's likes regarding a job.

What kind of work has Kevin/family always wish could be obtained:

Kevin's mother has recently begun to realize that part of Kevin's day could be supported employment. She is just beginning to discover possibilities and has not predetermined or wished for a certain type of work. Ms. Helfrich along with others close to Kevin feel that his work environment should be around young ladies. Ms. Helfrich has always joked about retiring and she and Kevin would move to Florida and open up a bait shop.

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Type of work the parent/guardian feels is appropriate:
At the present time Ms. Helfrich is concerned with Kevin having a safe fulfilling day upon leaving the school setting. She has expressed interest in a program or community/neighborhood day program that includes time for Kevin to go in the community to the mall and other places and to have some type of supported employment in a safe caring environment for part of his day.

What activities Kevin most enjoys doing:
Kevin likes being with his mother, sister, teacher, and his classmates. He simply adores his sister and likes watching anything she and her friends do and he likes for her to push him in his wheelchair. Kevin will look back at his sister when she is pushing him. He likes the attention of his peers especially females. He likes spending time on the floor in his family room with his mother and sister. He likes the water and swimming. He likes going to places where there are a lot of people and activity. Kevin likes watching his pet dog and cat and likes for them to come near him as long as the animals remain calm.

Observations of the kinds of work Kevin likes to do best:
Kevin has tolerated clothes on his wheelchair for others to hang. He is able to push things off of his tray or table. At times he will participate in wiping the table. He likes to press a switch when he gets benefit from the response.

Observations of social situations the individual likes best:
Kevin likes to be around his age peers especially attractive females. He is aware when peers are around him and he likes activity. He likes spacious rooms with people engaged in activity. He also likes individualized attention.

Connections

Potential employers in the family:
Not aware of any potential employers in the family.

Potential employers among friends:
It is the hope of the family to discover this information through the profile meeting where friends have been invited to attend.

Potential employment sites in the neighborhood:
St. Richard church may be possible site.

Business/employer contacts for leads through the individual, family, friends:
There are no employer contacts at the present time. Hopefully when friends become aware of the vocational planning efforts for Kevin leads will be identified.

Flexibility/Accommodations Which May Be Required in Specific Environment (workplace, community, home)

Potential need for accessibility assistance, rehab technology, personal assistant services:

Kevin's environments will need to be wheelchair accessible. His workstation will need adaptations and modifications depending on the job. He will need a personal assistant to assist at all times as well as facilities for changing and reclining. The personal will also assist in feeding and preparing food. The possibility of a power wheelchair and lift system may be considered. A consistent communication system will need to be utilized.

Habits, idiosyncrasies, routines:

Kevin will only eat breakfast at home when he has on his pajamas. Once he is dressed he is ready to go to school or somewhere and he will not eat. He also will go to sleep at night only if he gets his back rubbed. He falls asleep on the carpet and his mother carries him to his specially designed bed.

Physical/health restrictions:

Kevin takes Tegretol three times a day for seizures. He has had two seizures in his life, one at the age of two and one at the age of sixteen. The medication is administered by mouth by crushing the tablet and mixing with one teaspoon of Benadryl (for sinus). Kevin also gets 2.5 mg. of Valium for muscle spasms morning and noon and 10 mg. at bedtime. In the unlikely event that Kevin should have a seizure the procedure is as follows: remove Kevin from his chair and lay him on the floor preferably on his side; call 911 and inform the operator that a young adult 19 years old with cerebral palsy is having a seizure and there is the possibility the he will stop breathing and inform the paramedics to have oxygen on stand by; call Kevin's mother. Kevin's left hip is dislocated and his left leg is shorter due to a broken bone in his leg. Kevin does not like to have a wet diaper.

Behavioral challenges:

Kevin spits for attention or when he dislikes an activity. He also grinds his teeth while he is waiting or frustrated. He vocalizes and gives grimace expressions when angry or experiencing discomfort.

Degree and type of negotiation required:

Negotiation is likely to be required to accept the need for a personal assistant/job coach as well as adaptations and modifications to job tasks. Also negotiation will be necessary to bring about an understanding of Kevin's modified work day as well as his significantly below typical expectations for productivity and his unique communication needs. Job developers must recognize and creatively address these concerns before calling on an employer.

Other Important Information

Primary disability classification:
Cerebral Palsy

Age of onset of primary disability:
Premature birth and birth trauma

Documented secondary disability:
Deaf/Blindness

Pattern of physical involvement:
Quadriplegia

Type of Cerebral Palsy:
Spastic with athetoid movement

Mississippi Services for Children and Young Adults with Deaf-Blindness

Technical Assistance Training Activity

Hand in Hand:

Basic Principles of Deaf-Blindness
Video: Learn From Your Students

Functional Curriculum

Trainers: Nancy Batson and Theresa Bennett

August 6, 1997
8:00 a.m. - 12:00 noon
Starkville, Mississippi

Hearing and Vision

HEARING

People who have hearing impairments can have many different kinds of auditory deficits. Many people can hear only when using amplification devices and some people will not benefit from any devices.

RANGE OF HEARING LOSS

Level of Loss	Description	Effect	Hearing Aid Need
25-40 dB HL	Mild	Difficulty understanding soft speech	Needed in specific situations
41-50-55 dB HL	Moderate	Difficulty understanding normal speech	Frequent need
56-80 dB HL	Severe	Can understand amplified speech only	Needed for all communication
81 dB or more HL	Profound	Difficulty understanding amplified speech	Many need speech-reading or sign language

HEARING LOSSES

A *conductive loss* occurs when there is a barrier to sound in the outer or middle ear. The intensity of the sound is reduced because of the barrier. Causes of conductive loss can include outer or middle ear infections, excessive wax, perforated eardrum, and genetic malformations. Many of these can be effectively treated medically and/or with hearing aids or assistive listening devices (ALDs).

Sensorineural hearing loss occurs when the inner ear or auditory nerve is damaged. This can affect the quality and intensity of sound. Many people who experience sensorineural loss cannot understand spoken words. Causes of this type of loss can be excessive noise exposure, ototoxic drugs, aging, tumors and genetic syndromes. There is no medical treatment available for sensorineural hearing loss.

A *central hearing loss* occurs when damage to the brain precedes proper processing of auditory stimuli.

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Taken from:
Information Packet for Educating Children and Youth Who Are Deaf-Blind 1996: **Compiled by deVergne Goodall for a collaborative project of the Louisiana Department of Education and Human Development Center, Louisiana' University Affiliated Program, School of Allied Health Professionals, LSU Medical Center, New Orleans, La 70119**

AUDIOLOGICAL AIDS AND DEVICES

HEARING AIDS

Amplify sounds closest to the hearing aid
Work best with little or no background noise

ASSISTIVE LISTENING DEVICES

Link the speaker to the listener
Make the speaker's voice louder than the noise surrounding the person
Can be wireless or wired
Can be used with hearing aids

FM WIRELESS SYSTEMS

Send voices through a microphone to a transmitter and then to a receiver worn by the listener
Portable
Indoor or outdoor use

INFRARED WIRELESS SYSTEMS

Use transmitters to send infrared beams to systems worn by listeners
Use light waves to transmit sound
Work well for large groups
Limited portability

Communicating with people who have hearing impairments can be as simple as allowing them to have a clear view of your face whenever possible. Many clues are available to a person who has adequate vision that enable him/her to obtain information by watching the speaker. Obtaining the attention of the person is crucial during all conversations. The speaker can also rely on the use of repetition, rephrasing, writing, and spelling in order to get the message across (Armstrong, Carr, Houghton, Belanich, & Mascia, 1995).

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GUIDELINES FOR COMMUNICATION

Always obtain the attention of the person
Speak in a natural voice
Give the person a clear view of your face
Repeat, rephrase, write or spell
Test for understanding
Remember that a hearing aid does not restore hearing to normal

AUDIOLOGICAL ASSESSMENTS

The purpose of an audiological assessment is to determine if a person has a hearing loss, where the problem exists within the ear, and if there is evidence of any functional use of residual hearing. Most people consult an audiologist for the initial assessment.

Audiological testing consists of testing the ear with pure tones or different pitches as well as spoken speech (if used by the individual). For individuals with developmental challenges, evaluations should be modified to meet the needs of the person.

IMPORTANT QUESTIONS TO ASK DURING AND AFTER THE EVALUATION

Is there a family history of hearing loss?
Is there a history of ear infections?
Does one ear seem to have better hearing?
What medications is the person taking?
What other health problems exist?
Has there been any evidence of head trauma?
What are the results of past hearing evaluations?
When did the hearing loss begin?
Is the loss progressive?
Can the person hear environmental noises?
Can he/she benefit from hearing aids or listening devices?
What strategies are available to maximize hearing?

VISUAL ACUITIES

Visual Acuities	Classification	Function
20/20 - 20/40	Normal Vision	Normal
20/40 - 20/70	Mild to Moderate Loss	Some difficulty seeing street signs
20/70 - 20/200	Moderate Loss	Unable to see traffic lights or signs without telescopic aid for driving
20/200	LEGAL BLINDNESS	
20/200 - 20/600	Severe Loss	Unable to legally drive Faces blurred
20/600 or less	Extreme Loss	Central scotoma

WHO SHOULD PERFORM A VISUAL ASSESSMENT ON INDIVIDUALS WITH DUAL SENSORY IMPAIRMENTS?

An *ophthalmologist* is a medical and surgical specialist (physician) who is trained in medical school in eye care.

An *optometrist* is trained in a optometric school but is not a medical doctor. He/she is licensed to perform diagnostic evaluations of the eye.

A *low vision specialist* is trained to evaluate eye problems and prescribe low vision aids for individuals with visual impairments. He/she is not a medical doctor (Sobsey & Wolf-Schein, 1991).

VISION ASSESSMENTS

Vision assessments for individuals with deaf-blindness consists of three components: (1) physiological functioning tests (2) residual vision tests, and (3) tests of vision/functioning in different environments.

Near and distance acuities are important as a scale of potential function for the person with a visual impairment.

Visual Fields assessments are needed in order to classify a person as having legal blindness. Typically, a 20 degree field (or smaller) functions as an alternative definition of legal blindness.

Refractive Status refers to the individual's dependence upon glasses.

Informal assessments should be conducted to obtain information on visual behaviors in different environments. This information can be utilized to develop appropriate modifications and adaptations within different settings and activities. These adjustments can include the changing of position, contrast, lighting, reduction of glare, size, color, and length of the activity (Epstein, M., 1993).

VISUAL IMPAIRMENTS

A *cataract* is a clouding of the lens in the eye which results in hazy vision, decreased visual acuity and sensitivity to glare. The development of cataracts is typically seen with aging and with CRS. Most cataracts can be surgically treated.

Diabetic Retinopathy can cause swelling and hemorrhages, scarring and detachment of the retina within the eye. It is typically associated with long-term diabetes and CRS. Individuals may experience difficulty tracking objects and may experience blind spots.

Glaucoma is caused by an increase in intraocular pressure resulting in degeneration of the optic disk and defects in the visual field. Vision can be blurred or it can result in complete blindness. Persons with glaucoma may complain of eye pain and fluctuating vision, increased sensitivity to glare, and reduction of their visual fields. It is common in older adults and can be treated with surgery or medication.

Macular Degeneration is a deterioration of the macula (central blind spot) which results in the loss of central vision. As the deterioration increases, the person functions with peripheral vision only. Macular degeneration is seen predominately in aging adults.

Optic Nerve Atrophy is the degeneration of the optic nerve which results in permanent loss of visual acuity, fields and/or color perception.

Retinal Detachment is caused by the separation of the retina and results in the formation of blind spots.

Retinitis Pigmentosa is an inherited progressive disorder resulting in loss of visual field and reduced night vision. It is often associated with Usher syndrome (Wynne, 1987).

QUESTIONS TO ASK DURING AND AFTER THE EVALUATION

Is there a family history of visual impairments?
Can the person see at night?
Can the person see in dimly lighted areas?
Can the person see well enough to walk over curbs or steps?
How close does the individual need to be to an object in order to see it?
Can the person see better in one eye?
Is the visual loss progressive?
Will the condition respond to medical intervention?
Can the person read regular print?
Are there special considerations for lighting?
Are low vision aids recommended?

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LOW VISION OPTICAL AIDS

Low vision optical aids are devices that enable the individual improved use of residual vision in a variety of environments and conditions. Some low vision aids may require specialized training in order to insure appropriate and safe use in different settings.

The most common and widely utilized low vision aid is glasses. Glasses are prescribed by an opthamalogist or optometrist to adjust distance vision, reading or a combination of both. Glasses assist the eye in focusing light rays on the retina.

Magnifiers are used for close work to magnify the image of the object being viewed. Magnifiers come in a variety of shapes, sizes, and powers and can be handheld or positioned on a stand.

Telescopes are optical aids that magnify the image being viewed and are typically used for distances of 10 feet or more and assist the person in locating and viewing an object.

Field expanders reduce the size of the object being viewed and allow more information to enter the visual field (Armstrong, et al., 1995).

References and Resources

Armstrong, N. T., Carr, T. S., Houghton, J., Belanich, J., & Mascia, J. (1995). Supporting medical and health concerns of young adults who are deaf-blind. In J. M. Everson (Ed.), *Supporting young adults who are deaf-blind in their communities: A transition planning guide for service providers, families, and friends* (pp. 43-65). Baltimore: Paul H. Brookes.

Epstein, M. (undated). *Visual evaluation for individuals with dual sensory impairments: Transition from school to adulthood.* New York: Helen Keller National Center – Technical Assistance Center.

Sobsey, D., & Wolf-Schein, E.G. (1991). Sensory impairments. In F. Orlove & P. Sobsey (Eds.), *Educating children with multiple disabilities: A transdisciplinary approach* (2nd ed.). Baltimore: Paul H. Brookes.

Wynne, B. (1987). The deaf-blind population: Etiology and implications for rehabilitation. In S. Barrett, T. Carr, & A. Covert (Eds.), *Community-based living options for young adults with deaf-blindness: Philosophy, directions and strategies.* New York: Helen Keller National Center – Technical Assistance Center.

Hearing:

Sound Resources, Inc. (catalog)
201 East Ogden Ave.
Hinsdale, IL 60521

HARC Mercantile, Ltd. (catalog)
3130 Portage Street
Kalamazoo, MI 49003

Gallaudet University
800 Florida Avenue
Washington, D.C. 20002

Helen Keller National Center
111 Middle Neck Road
Sands Point, NY 11050

Vision:

Lighthouse Low Vision Products
36-02 Northern Blvd.
Long Island City, NY 11101

Low Vision Aids
1520 N.W. 65th Avenue Suite 8
Plantation, FL 33313

American Council for the Blind
1155 15th Street Suite 720
Washington, D.C. 20005

National RP Foundation Fighting Blindness
1401 West Mount Royal Avenue
Baltimore, MD 21217

Information on listening devices: "Assistive Listening Devices: A Consumer Oriented Summary." Gallaudet University Press, 800 Florida Avenue N.E., Washington, D.C. 20002

APPENDIX C

TECHNICAL ASSISTANCE FORMS AND PROCEDURES

Procedural Steps for Technical Assistance
for MSDB Staff

Complete the Technical Assistance Request Form

■ The project may receive a ***Technical Assistance Request Form*** by mail, fax or email (www.msdb.org) from parents, local education and health agencies, and other organizations serving infants, children and young adults on the Mississippi Deaf-Blind Registry. The individual initiating the request should state what he/she ultimately expects as the outcome from the technical assistance provided. To the extent possible expectations, needs and desires should be expressed in outcome statements.

■ Should a consultant be preferred to fulfill the requested technical assistance due to cost effectiveness or increased quality services, project staff should complete the **Consultant Request Form**. Staff should review and choose from the list of **Project Consultants**. Each project consultant has a completed contract with the University of Southern Mississippi.

■ The following process should be used if a request is made for student specific outcomes and follow-along technical assistance is provided.

1. **Arrange a meeting** with parents, program developers, teachers, and other appropriate persons to determine the specific outcomes for the student. The **Technical Assistance Agreement Form** should be reviewed and signed by all participants.

2. Technical assistance by project staff will based on individual needs and a **Technical Assistance Recommendation and Follow Up Form** will be used to document specific outcomes being targeted.(Copies will be left for families and teachers). At any one time, limit the outcomes to two or three objectives. Once these objectives are met, other goals can be added. Objectives may include steps necessary in order to achieve a student specific goal.

3. Project staff is responsible for **Evaluating** documentation, such as Recommendation and Follow-up Forms, reports from meetings and other relevant documentation, to show implementation and **student outcomes** or lack of progress. If progress is limited, a meeting should be held to discuss strategies for achieving the objectives.

4. The **Technical Assistance Data Form** will be completed by project staff/consultants as technical assistance is provided. This data will be entered into project data base once a month.

Technical Assistance Request Form

Mississippi Services for Children and Young Adults with Deaf-Blindness

University of Southern Mississippi
Department of Special Education
Box 5115
Hattiesburg, MS 39406

1-800-264-5136
Fax: 601-266-4978
Email: www.msdb.org

RECEIVED VIA:

○ Mail ○ Telephone ○ Fax ○ email

Person Requesting Technical Assistance:

Name _____ Title _____

Address _____

City/State/Zip _____ Phone/Fax _____

Are you a(n):
- □ **Parent**
- □ **School**
- □ **Agency**

Is this request affiliated with the *Regional Resource Partnership*? □**YES** □**NO**

Name of Student on the Deaf-Blind Registry for whom Technical Assistance is requested: _____

Please state what you envision as the ultimate outcome from the Technical Assistance provided by MSDB: _____

_____

_____

Type Of Technical Assistance Requested

- ❑ Resources: Information Dissemination and/or Referral
- ❑ Classroom Observation/Recommendations
- ❑ Attend planning meetings for joint service provision
- ❑ Staff Development/Training on topical areas
- ❑ Financial Support for family participation in trainings
- ❑ Ongoing, on-site, Technical Assistance, in collaboration with the local education agency, for the need identified in the box on the this form
- ❑ Other: _____

(OVER)

Informational Needs Requested

- ❍ Techniques for Working with Individuals with Deaf-Blindness
- ❍ Communication Needs - Methods and Strategies
- ❍ Inclusive Educational Programming - Best Practices
- ❍ Assistive Technology and Augmentative Communication
- ❍ Transdisciplinary Approaches to Assessment/Teaching
- ❍ Educational Planning/Selecting Objectives - Implementing IDEA
- ❍ Transition into Adult Services
- ❍ Orientation and Mobility Issues
- ❍ Other: _____

If you are requesting a local, state or regional workshop, in order to receive cost effective, quality technical assistance, please complete the following information:

1. How many persons will the training/workshop impact? Parents_____ Professionals_____ Paraprofessionals_____ Consumers Peers_____

2. Is the district/agency willing to invite families and other agencies within the area?

❑ YES ❑ NO

3. If YES, please list others you know of that may be interested: _____

_____

_____

_____

4. List <u>three tentative dates</u> for the training/workshop:_____

5. Are there any accommodations that should be addressed by project staff: (i.e. Interpreters, large print)

- ❑ YES _____
- ❑ NO

Person Completing This Form: _____

DATE: _____

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CONSULTANT REQUEST FORM

(To Be completed by Project Staff)

Should the Technical Assistance requested be fulfilled by a Consultant?
YES NO

IF YES, name of consultant and estimated cost:_____

_____

✳ Consultants must have completed contract process with the *University of Southern Mississippi*

Project Staff to contact Consultant: _____
By: (DATE) _____

Project Staff to contact Person Requesting TA:_____
By: (DATE) _____

Additional Information:

_____

_____

IF no consultant is requested, project staff _____
who will provide the technical assistance: _____

McCallon Evaluation of Technical Assistance Workshop Training: YES NO

EVALUATION	DATE MAILED	DATE RETURNED
Workshop/McCallon		
Post TA - Families		
Post TA - Teacher/Agency		

Please turn in to Project Coordinator for data base entry.

MSDB Project staff completing this form: _____

Technical Assistance Workshop/Training
Evaluation

Workshop Title: _____ Date: _____

Presenter: _____ Location: _____

Instructions

To determine whether or not the training met your needs and our objectives, we would like for you to give us your honest opinion on the design and value of this training. Please circle the rating which best expresses your evaluation of each of the following.

Evaluation Criteria

1. The organization of the training was:	Excellent				Poor
	5	4	3	2	1
2. The objectives of the training were:	Clearly Evident				Poor
	5	4	3	2	1
3. The work of the presenter(s) was:	Excellent				Poor
	5	4	3	2	1
4. The ideas and activities of the training were:	Very Interesting				Dull
	5	4	3	2	1
5. Handout information was:	Very Beneficial				Poor
	5	4	3	2	1
6.My attendance at this training should prove:	Very Beneficial				Poor
	5	4	3	2	1
Overall, I consider this workshop:	Excellent				Poor
	5	4	3	2	1

I would like more information on this topic. YES NO

The stronger features of this training were: _____

The weaker features of this workshop were: _____

Comments: _____

Demographics: **OPTIONAL**

Gender: ___ Male ___ Female

Race/Ethnicity: ___ African American ___ Caucasian ___ American Indian ___ Spanish ___ Other

TECHNICAL ASSISTANCE EVALUATION

Family Satisfaction

Person Completing Evaluation: _____

Date: _____

Project Staff/Consultant: _____

The project staff of the *Mississippi Services for Children and Young Adults with Deaf-Blindness* would like to have your honest feedback regarding the technical assistance that was provided to you to improve the educational outcomes for students in your district/agency. We will use this feedback to evaluate our procedures for the next year.

Please **circle the number** that best expresses how you feel:
(1 = "the least satisfied" and 5 representing "the most satisfied")
Additional space is provided at the bottom for your comments.
Thank each of you for working with us and assisting us in our evaluation efforts.

1. The project staff/consultant interactions with my child reflected respect and dignity.

1	2	3	4	5
Not at all		Somewhat		Very Much

2. The objectives targeted for my child were clear to me. (I knew what each each person was to be working on).

1	2	3	4	5
Not at all		Somewhat		Extremely

3. I feel that I played and active role in planning and implementing the objectives targeted.

1	2	3	4	5
Not at all		Somewhat		Very Much

4. I am able to use and share information and resources with other who know my child.

1	2	3	4	5
Not at all		Somewhat		Often

5. I feel that I gained knowledge that is beneficial for implementing and evaluating the individualized education process.

1	2	3	4	5
Not at all		Somewhat		Very Much

TECHNICAL ASSISTANCE EVALUATION

Teacher/Agency Satisfaction

Person Completing Evaluation: _____

Date: _____

Project Staff/Consultant: _____

The project staff of the *Mississippi Services for Children and Young Adults with Deaf-Blindness* would like to have your honest feedback regarding the technical assistance that was provided to you to improve the educational outcomes for students in your district/agency. We will use this feedback to evaluate our procedures for the next year.

Please **circle the number** that best expresses how you feel:
(1 = "the least satisfied" and 5 representing "the most satisfied")
Additional space is provided at the bottom for your comments.
Thank each of you for working with us and assisting us in our evaluation efforts.

1. The project staff/consultant interactions with the students reflected respect and dignity for each student.

1	2	3	4	5
Not at all		Somewhat		Very Much

2. The student objectives that were being targeted were clear to me. (I knew what each student was to be working on).

1	2	3	4	5
Not at all		Somewhat		Extremely

3. The recommendation forms and other organizational resources used to implemented objectives and activities, were helpful.

1	2	3	4	5
Not at all		Somewhat		Extremely

4. I was able to use many of the resources and strategies with other students I teach.

1	2	3	4	5
Not at all		Somewhat		Often

5. I feel that I am better able to teach the students and plan their programs as a result of receiving technical assistance.

1	2	3	4	5
Not at all		Somewhat		Much more able

(Over)

☐ The following questions are to be completed only if *MSDB* Project Staff provided technical assistance, not a consultant.

A. The project staff were willing to demonstrate targeted skills directly with the student/child.

1	2	3	4	5
Not at all		Somewhat		Extremely

B. The project staff was knowledgeable in providing information and resources in a cost effective, collaborative manner.

1	2	3	4	5
Not at all		Somewhat		Extremely

C. The project staff assisted in loaning switches, locating assistive devices, and material preparation such as: sign boards, object cues or providing information

1	2	3	4	5
Not at all		Somewhat		Very Much

D. The project staff was knowledgeable in the content area of the technical assistance provided.

1	2	3	4	5
Not at all		Somewhat		Very Much

Additional Comments:

Technical Assistance Agreement Form

The *Mississippi Services for Deaf-Blind Project* (MSDB) staff is available to provide technical assistance to families and school districts who have students on the Deaf-Blind Registry. Project staff is committed to best practices and quality education leading towards individualization, functional student outcomes, interdependence, participation in society, and productivity in the work force. These services are at no cost to families, school districts and other agencies with students on the registry. We feel that an inservice training and systematic follow up procedures are a critical responsibility of the project. The project staff has a strong philosophy of family involvement and project-school-family coordination and communication. Therefore, project staff, families, teachers, and other service providers overall roles and responsibilities will include the following:

- Developing technical assistance agreements and reviewing outcome statements with the families and the school districts. These outcomes will be based, to the extent possible, on the needs identified on the Technical Assistance Request Form (Sample A).
- Implementing and providing opportunities for positive student outcomes recommended on the Technical Assistance Recommendation and Follow Up Form (Sample F).

We feel that it is critical that parents, teachers and any additional service providers are aware of the expected outcomes. Please provide information to each person who is responsible for implementing and evaluating the students Individualized Education Plan (IEP).

Please communicate with project staff if there are any questions regarding this agreement.

_____	_____
Parent	Date
_____	_____
Teacher/School Representative	Date
_____	_____
Program Developer	Date
_____	_____
Project Staff	Date
_____	_____
Other Representative	Date

APPENDIX D

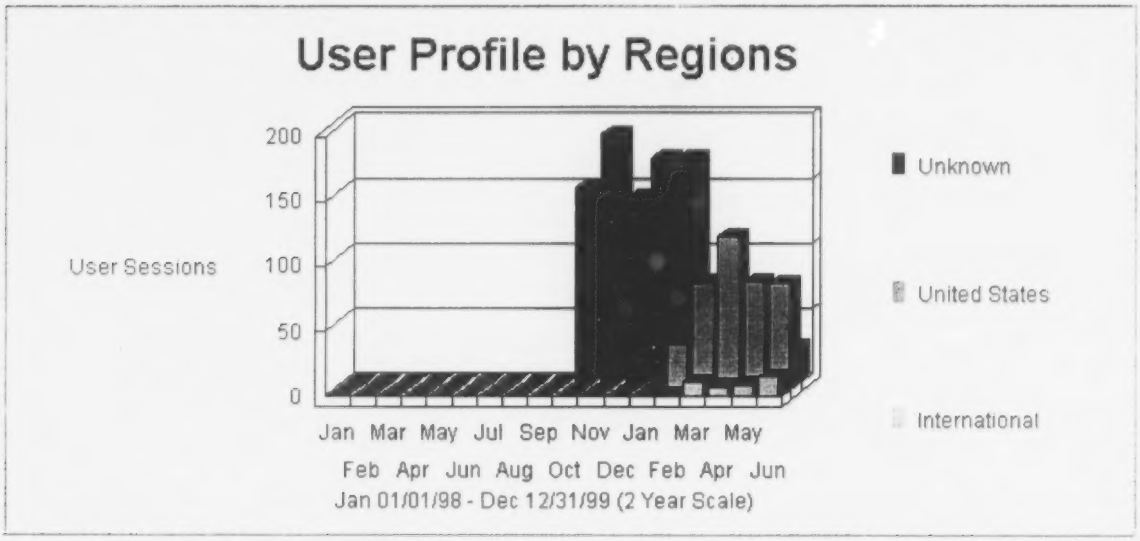
MISSISSIPPI DEAF-BLIND PROJECT (MSDB) WEBSITE INFORMATION

Complete Report

www.msdb.org

General Statistics

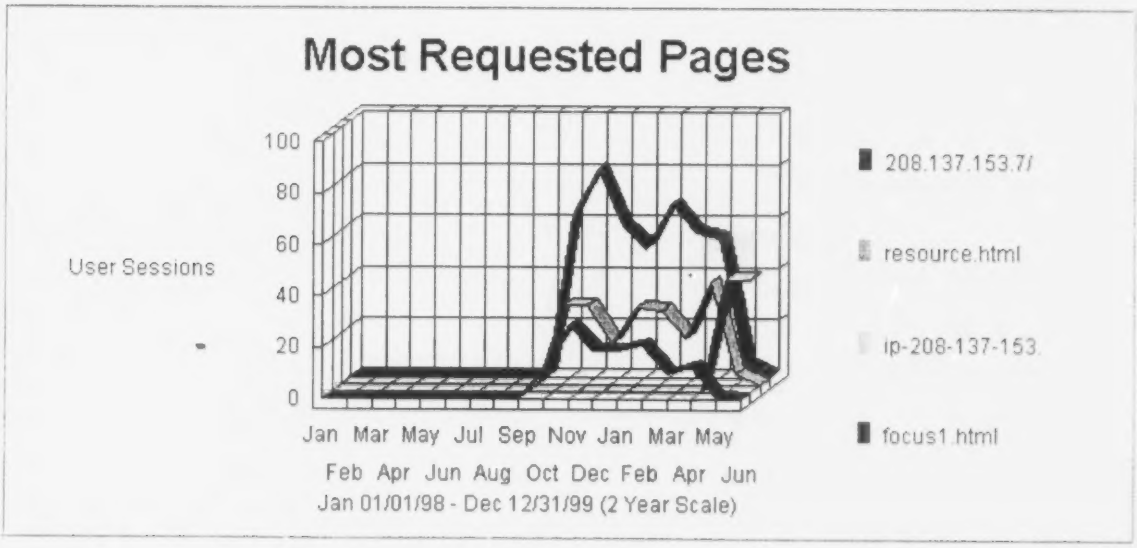
The User Profile by Regions graph identifies the general location of the visitors to your Web site. The General Statistics table includes statistics on the total activity for this web site during the designated time frame.



General Statistics	
Date & Time This Report was Generated	Thursday June 24, 1999 - 08:00:11
Timeframe	01/01/98 00:00:00 - 12/31/99 23:59:59
Number of Hits for Home Page	648
Number of Successful Hits for Entire Site	8,243
Number of Page Views (Impressions)	2,276
Number of User Sessions	1,407
User Sessions from United States	28.21%
International User Sessions	3.19%
User Sessions of Unknown Origin	68.58%
Average Number of Hits Per Day	15
Average Number of Page Views Per Day	4
Average Number of User Sessions Per Day	2
Average User Session Length	00:04:56
Number of Unique Users	896
Number of Users Who Visited Once	739
Number of Users Who Visited More Than Once	157

Most Requested Pages

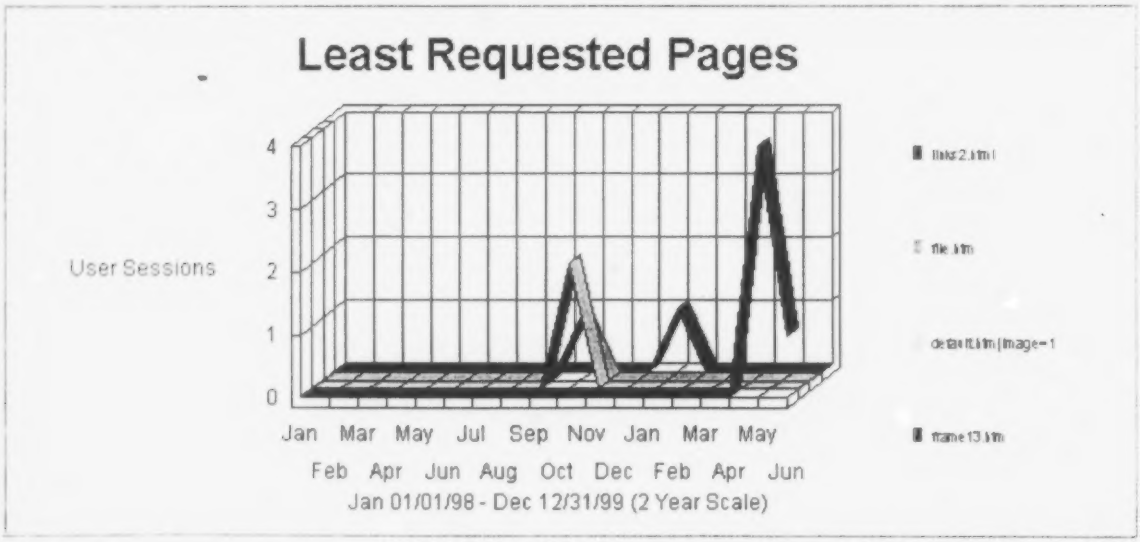
This section identifies the most popular web site pages and how often they were accessed. The average time a user spends viewing a page is also indicated in the table.



Most Requested Pages					
	Pages	Views	% of Total Views	User Sessions	Avg. Time Viewed
1	**Mississippi Services for Children and Young Adults with Deaf-Blindness** *http://208.137.153.7/*	505	22.18%	435	00:00:51
2	**Resource Links** *http://208.137.153.7/resource.html*	208	9.13%	199	00:02:19
3	**Mississippi Services for Children and Young Adults with Deaf-Blindness** *http://ip-208-137-153.7.netdoor.com/*	143	6.28%	88	00:01:30
4	**Focus Flyer -- What is Deaf Blindness?** *http://208.137.153.7/focus1.html*	132	5.79%	125	00:03:10
5	*http://208.137.153.7/_vti_bin/fpcount.exe?Page=default.htm|Image=3*	113	4.96%	103	00:01:12
6	**Priorities: Missississsippi Services of Individuals who are Deaf-Blind** *http://208.137.153.7/prior.html*	107	4.7%	105	00:01:55
7	**Focus Flyer** *http://208.137.153.7/focus.html*	94	4.13%	91	00:00:54
8	**Activities and Services** *http://208.137.153.7/active.html*	93	4.08%	88	00:01:19
9	**Advisory Board and Staff** *http://208.137.153.7/advise.html*	76	3.33%	74	00:02:06
10	**Instructional Modules** *http://208.137.153.7/modules.html*	64	2.81%	63	00:01:22
	Sub Total For the Page Views Above	**1,535**	**67.44%**	**N/A**	**N/A**
	Total For the Log File	**2,276**	**100%**	**N/A**	**N/A**

Least Requested Pages

This section identifies the least popular pages on your Web site, and how often they were accessed.



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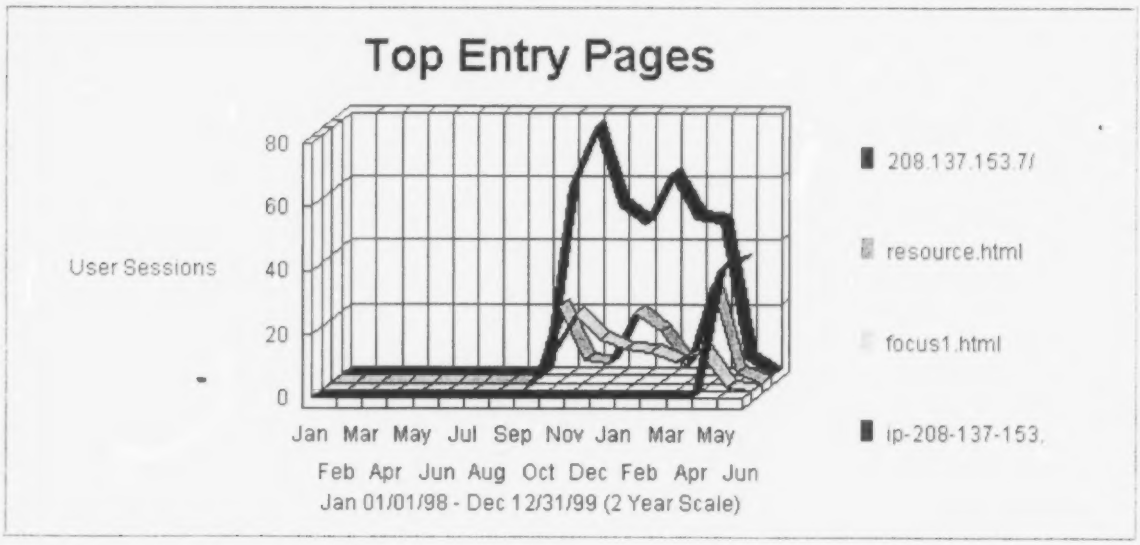
Least Requested Pages				
	Pages	Views	% of Total Views	User Sessions
1	http://208.137.153.7/links2.html	1	0.04%	1
2	http://208.137.153.7/file.htm	2	0.08%	1
3	http://208.137.153.7/_vti_bin/fpcount.exe?Page=msdb/default.htm|Image=1	3	0.13%	2
4	http://ip-208-137-153.7.netdoor.com/module1/frame13.htm	5	0.21%	5
5	http://ip-208-137-153.7.netdoor.com/module1/frame7.htm	5	0.21%	5
6	http://ip-208-137-153.7.netdoor.com/module1/frame2.htm	5	0.21%	5
7	http://ip-208-137-153.7.netdoor.com/module1/frame8.htm	5	0.21%	5
8	http://ip-208-137-153.7.netdoor.com/module1/frame9.htm	6	0.26%	6
9	http://ip-208-137-153.7.netdoor.com/module1/frame12.htm	6	0.26%	6
10	http://ip-208-137-153.7.netdoor.com/module1/frame6.htm	6	0.26%	6

Top Entry Pages

This section identifies the first page viewed when a user visits this site. This is most likely your home page but, in some cases, it may also be specific URLs that users enter to access a particular page directly. The percentages refer to the total number of user sessions that started with a valid Document Type. If the session started on a document with a different type (such as a graphic or sound file), the file is not be counted as an Entry Page, and the session is not counted in the total.



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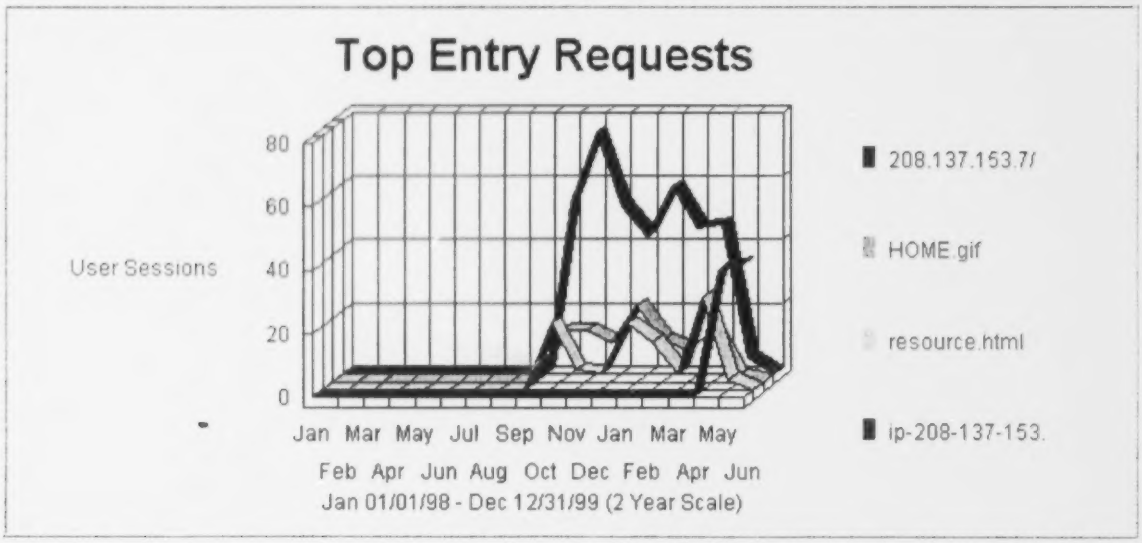
Top Entry Pages			
	File	% of Total	User Sessions
1	http://208.137.153.7/	36.54%	402
2	http://208.137.153.7/resource.html	10.36%	114
3	http://208.137.153.7/focus1.html	8.9%	98
4	http://ip-208-137-153.7.netdoor.com/	7.54%	83
5	http://208.137.153.7/prior.html	4.54%	50
6	http://208.137.153.7/advise.html	3%	33
7	http://208.137.153.7/active.html	2.9%	32
8	http://208.137.153.7/focus.html	2.63%	29
9	http://208.137.153.7/_vti_bin/fpcount.exe?Page=default.htm|Image=3	2.54%	28
10	http://ip-208-137-153.7.netdoor.com/focus1.html	2.36%	26
	Total For the Pages Above	**81.36%**	**895**

Top Entry Requests

This section identifies the first hit from a user visiting this site. This is most likely the home page but, in some cases, it may also be specific URLs that users enter to access a particular file directly. The percentages refer to the total number of user sessions.



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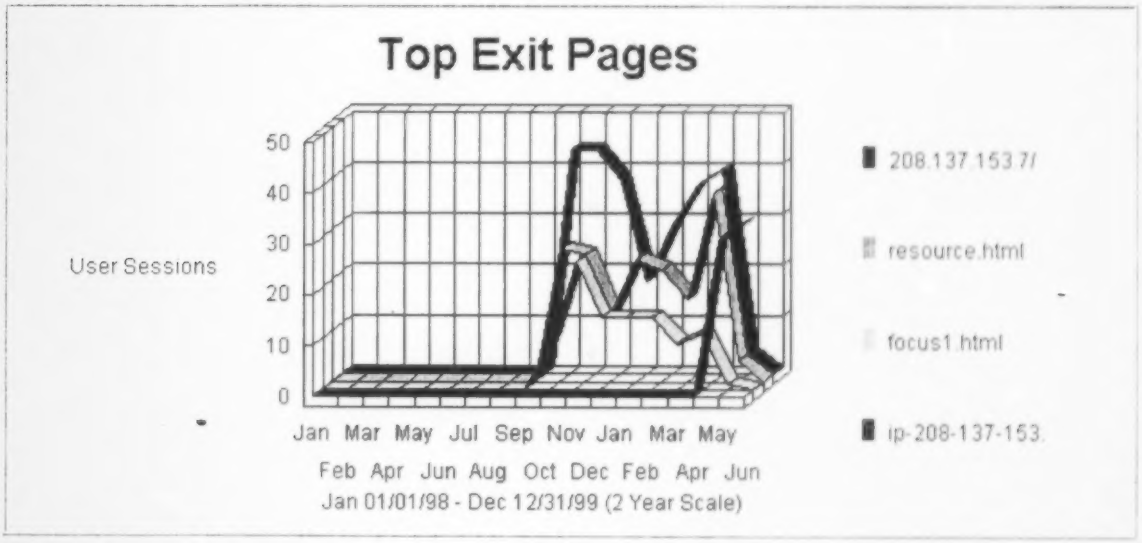
Top Entry Requests			
	File	% of Total	User Sessions
1	http://208.137.153.7/	27.22%	383
2	http://208.137.153.7/HOME.gif	7.74%	109
3	http://208.137.153.7/resource.html	7.46%	105
4	http://ip-208-137-153.7.netdoor.com/	5.82%	82
5	http://208.137.153.7/focus1.html	5.04%	71
6	http://208.137.153.7/prior.html	3.34%	47
7	http://208.137.153.7/TOP_FOC.gif	2.55%	36
8	http://208.137.153.7/TOP_ON.gif	2.27%	32
9	http://208.137.153.7/active.html	2.13%	30
10	http://208.137.153.7/advise.html	2.06%	29
	Total For the Requests Above	**65.67%**	**924**

Top Exit Pages

This section identifies the pages users were on when they left the site. The percentages refer to the total number of user sessions that started with a valid Document Type. If the session started on a document with a different type (such as a graphic or sound file), the file is not counted as an Exit Page, and the session is not counted in the total.



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Top Exit Pages			
	Pages	**% of Total**	**User Sessions**
1	http://208.137.153.7/	23.09%	254
2	http://208.137.153.7/resource.html	15.18%	167
3	http://208.137.153.7/focus1.html	8.81%	97
4	http://ip-208-137-153.7.netdoor.com/	5.9%	65
5	http://208.137.153.7/prior.html	5.63%	62
6	http://208.137.153.7/_vti_bin/fpcount.exe?Page=default.htm|Image=3	5.09%	56
7	http://208.137.153.7/active.html	4.72%	52
8	http://208.137.153.7/advise.html	4.27%	47
9	http://208.137.153.7/focus.html	3.27%	36
10	http://ip-208-137-153.7.netdoor.com/resource.html	2.72%	30
	Total For the Pages Above (only sessions starting on a valid document type are included)	**78.72%**	**866**

Single Access Pages

This section identifies the pages on the site that visitors access and exit without viewing any other page. The percentages refer to the total number of user sessions that started with a valid Document Type. If the session started on a document with a different type (such as a graphic or sound file), the file is not counted as a Single Access Page, and the session is not counted in the total

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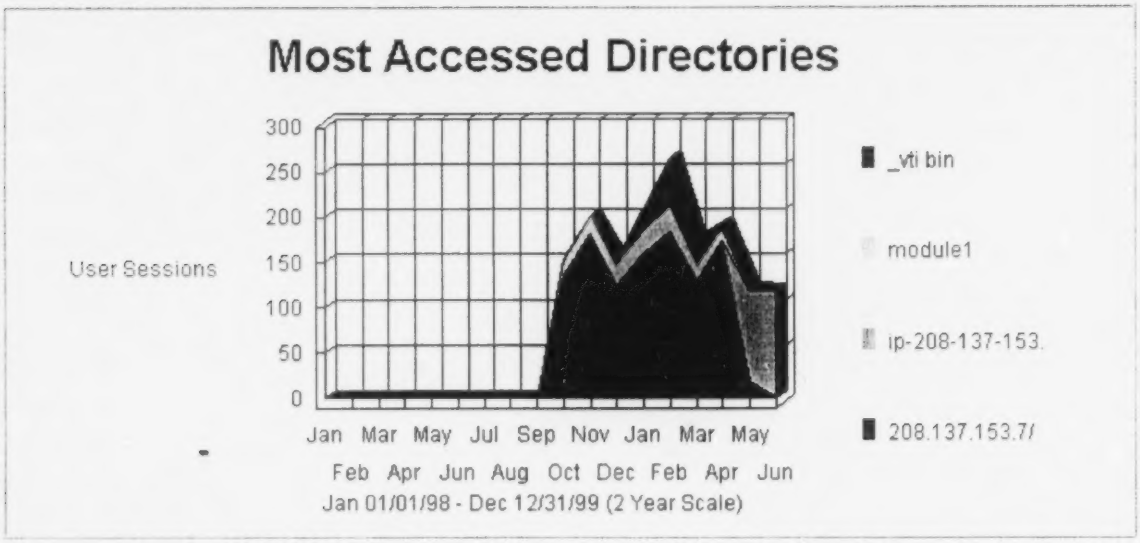
Single Access Pages			
	Pages	% of Total	User Sessions
1	http://208.137.153.7/	29.53%	223
2	http://208.137.153.7/resource.html	14.17%	107
3	http://208.137.153.7/focus1.html	11.52%	87
4	http://ip-208-137-153.7.netdoor.com/	7.81%	59
5	http://208.137.153.7/prior.html	5.03%	38
6	http://208.137.153.7/advise.html	3.84%	29
7	http://208.137.153.7/active.html	3.7%	28
8	http://ip-208-137-153.7.netdoor.com/focus1.html	3.31%	25
9	http://208.137.153.7/focus.html	3.04%	23
10	http://ip-208-137-153.7.netdoor.com/resource.html	2.51%	19
	Total For the Pages Above	**84.5%**	**638**

Most Accessed Directories

This section analyzes accesses to the directories of the site. This information can be useful in determining the types of data most often requested.



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Most Accessed Directories						
	Path to Directory	Hits	% of Total Hits	Non Cached %	Non Cached K Xferred	User Sessions
1	http://208.137.153.7/	5,249	63.67%	85.99%	36,120	1,110
2	http://ip-208-137-153.7.netdoor.com/	1,471	17.84%	58.39%	7,313	218
3	http://208.137.153.7/module1	826	10.02%	85.1%	4,365	147
4	http://208.137.153.7/_vti_bin	247	2.99%	100%	613	112
5	http://ip-208-137-153.7.netdoor.com/module1	226	2.74%	100%	1,317	24
6	http://ip-208-137-153.7.netdoor.com/_vti_bin	182	2.2%	100%	860	11
7	http://ip-208-137-153.7.netdoor.com/images	24	0.29%	100%	255	1
8	http://208.137.153.7/samples	18	0.21%	100%	71	2

Top Paths Through Site

This section identifies the paths people most often follow when visiting the site. The path begins at the starting page and shows the next six consecutive pages viewed.

Top Paths Through Site by Starting Page			
Starting Page	Paths from Start	% of Total	User Sessions
All Entry Pages	**1. http://208.137.153.7/**	19.45%	214
	1. http://208.137.153.7/resource.html	9%	99
	1. http://208.137.153.7/focus1.html	5.81%	64
	1. http://ip-208-137-153.7.netdoor.com/	5.27%	58
	1. http://208.137.153.7/prior.html	3.45%	38
	1. http://208.137.153.7/ *2. http://208.137.153.7/_vti_bin/fpcount.exe?Page=default.htm|Image=3*	2.72%	30
	1. http://208.137.153.7/advise.html	2.45%	27
	1. http://208.137.153.7/active.html	2.36%	26
	1. http://208.137.153.7/ *2. http://208.137.153.7/resource.html*	2.27%	25
	1. http://ip-208-137-153.7.netdoor.com/focus1.html	2.27%	25

Most Downloaded File Types

This section identifies the accessed file types and the total kilobytes downloaded for each file type. Cached requests and erred hits are excluded from the totals.

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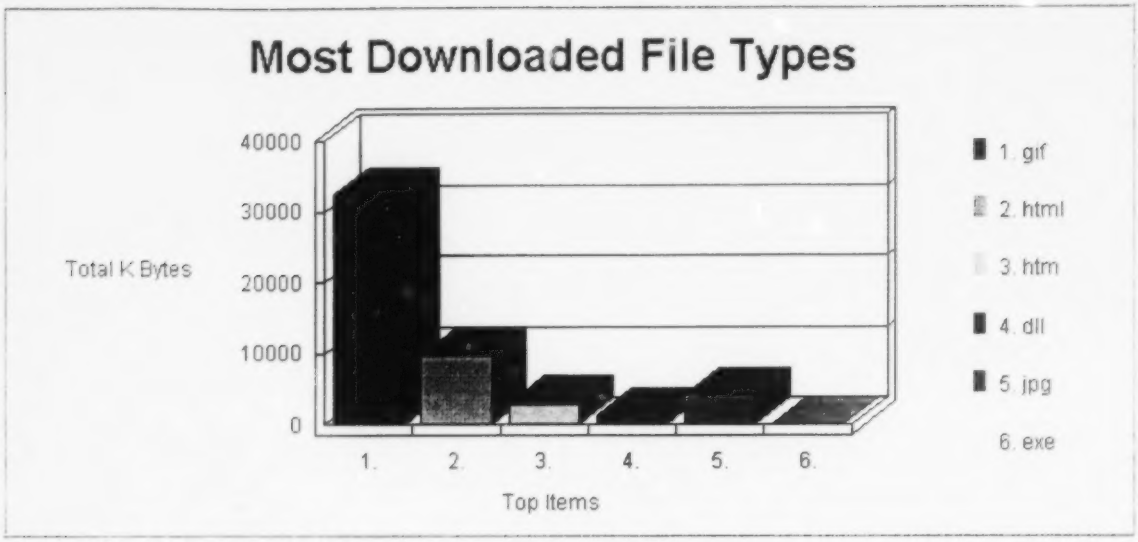
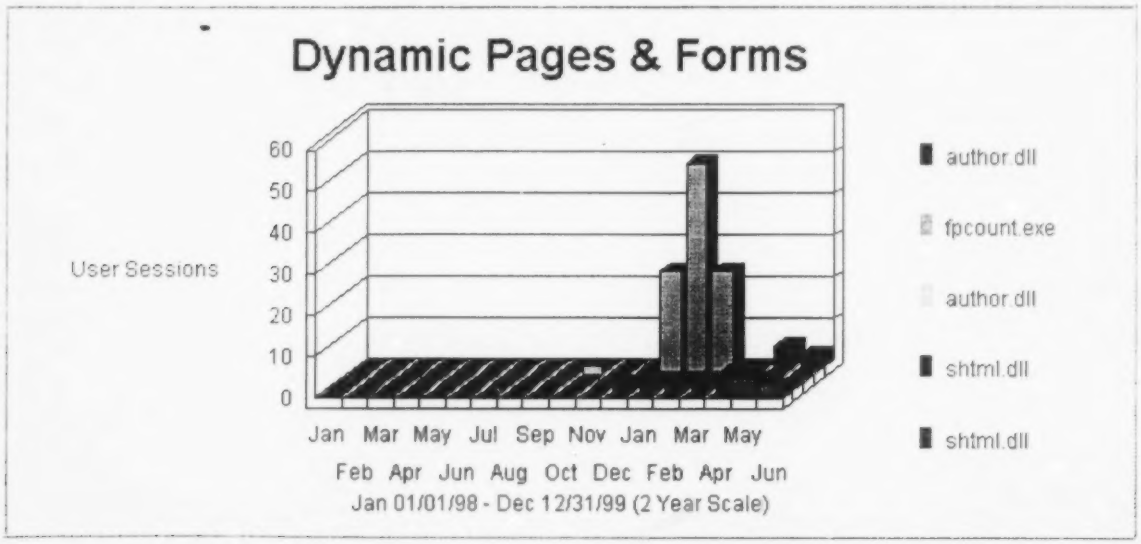


Most Downloaded File Types			
	File type	Files	K Bytes Transferred
1	gif	4,078	32,483
2	html	1,060	9,809
3	htm	920	3,021
4	dll	305	1,427
5	jpg	286	4,126
6	exe	124	45
	Total Files & K Bytes Transferred	**6,773**	**50,910**

Dynamic Pages & Forms

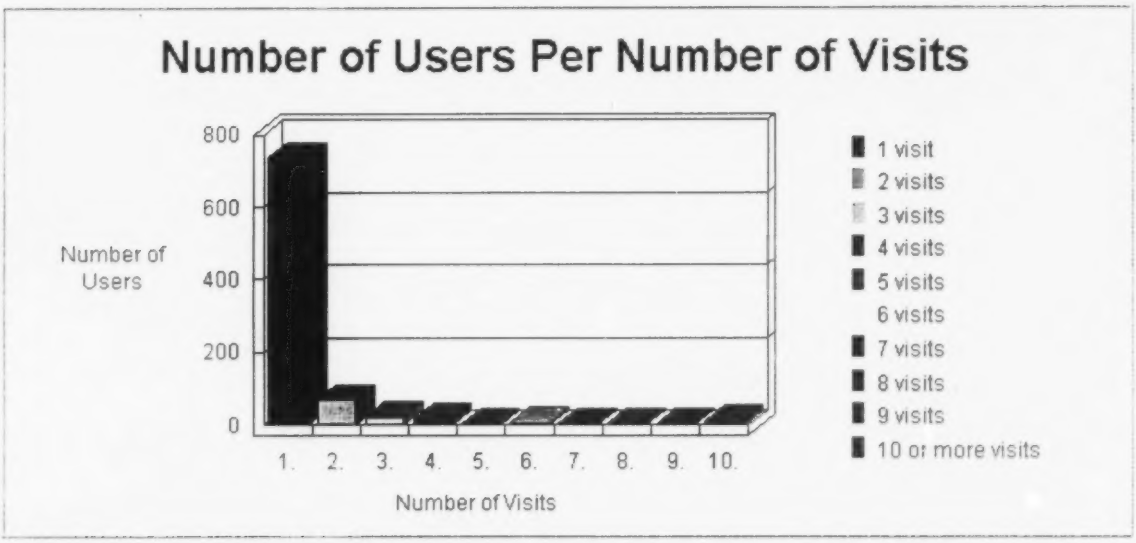
This section identifies the most popular dynamic pages and forms executed by the server. WebTrends counts any line with a Post command or a Get command with a "?" as a dynamic page, and shows only successful hits.



Dynamic Pages & Forms				
	Dynamic Pages	No. of Pages	% of Total	User Sessions
1	http://ip-208-137-153.7.netdoor.com/_vti_bin/_vti_aut/author.dll	152	35.51%	8
2	http://208.137.153.7/_vti_bin/fpcount.exe	115	26.86%	104
3	http://208.137.153.7/_vti_bin/_vti_aut/author.dll	95	22.19%	7
4	http://208.137.153.7/_vti_bin/shtml.dll	30	7%	9
5	http://ip-208-137-153.7.netdoor.com/_vti_bin/shtml.dll	17	3.97%	8
6	http://ip-208-137-153.7.netdoor.com/_vti_bin/fpcount.exe	8	1.86%	3
7	http://208.137.153.7/_vti_bin/_vti_adm/admin.dll	6	1.4%	2
8	http://ip-208-137-153.7.netdoor.com/_vti_bin/_vti_adm/admin.dll	5	1.16%	2

Number of Users Per Number of Visits

This section shows the distribution of users based on how many times each user visited your site.



Number of Users Per Number of Visits	
Number of Visits	Number of Users
1 visit	739
2 visits	69
3 visits	23
4 visits	19
5 visits	7
6 visits	9
7 visits	7
8 visits	6
9 visits	3
10 or more visits	14

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New vs. Returning Users

This section shows the number of new visitors to your site and the number of returning visitors to your site. Only visitors identified by cookies are counted. New visitors are those who didn't have a cookie on their 1st hit, but had one on later hits. Returning visitors are those who already had a cookie on their 1st hit (their previous visit happened before the start of this report period.)

New vs. Returning Users	
New or Returning User	**Number of User Sessions**
Returning Users	153
New Users	107

Top Authenticated Users

This section identifies the true name and relative activity level of the users logging onto a server that requires user name and password. You may find more authenticated users than users (in the following table) as several persons may be using the same IP address. Since many ISPs dynamically assign IP addresses, and since multiple users may come from a single IP address, authentication is the only way to truly identify top visitors.

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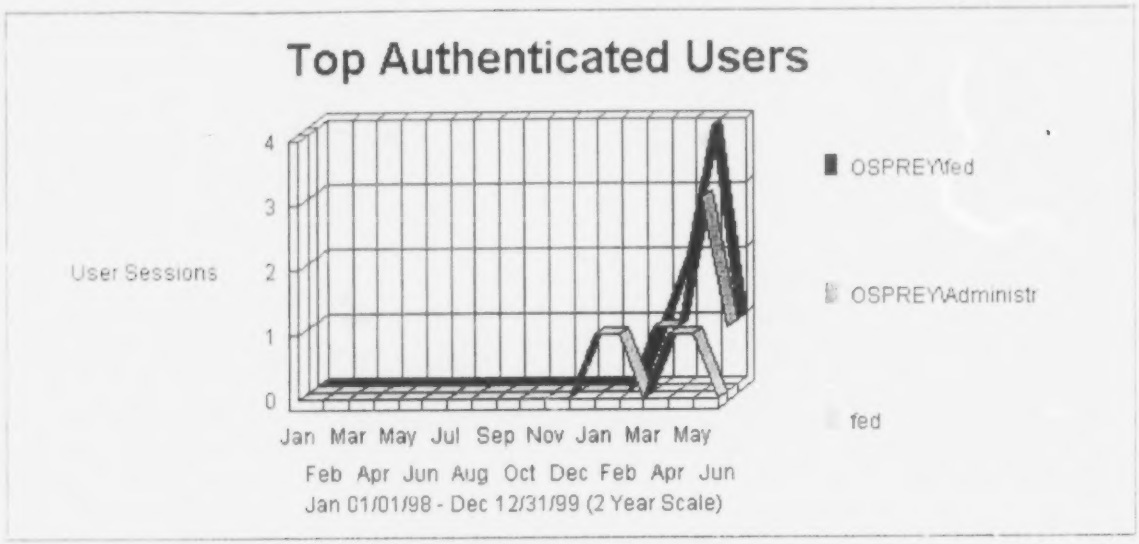

Top Authenticated Users				
	User	Hits	% of Total Hits	User Sessions
1	OSPREY\fed	304	61.78%	8
2	OSPREY\Administrator	117	23.78%	6
3	fed	71	14.43%	4
	Total	492	100%	18

Top Users

This section identifies the IP address and/or domain name and their relative activity level on the site. If you do not use WebTrends cookies to track sessions on the site, WebTrends cannot differentiate between hits from different users of a same IP.

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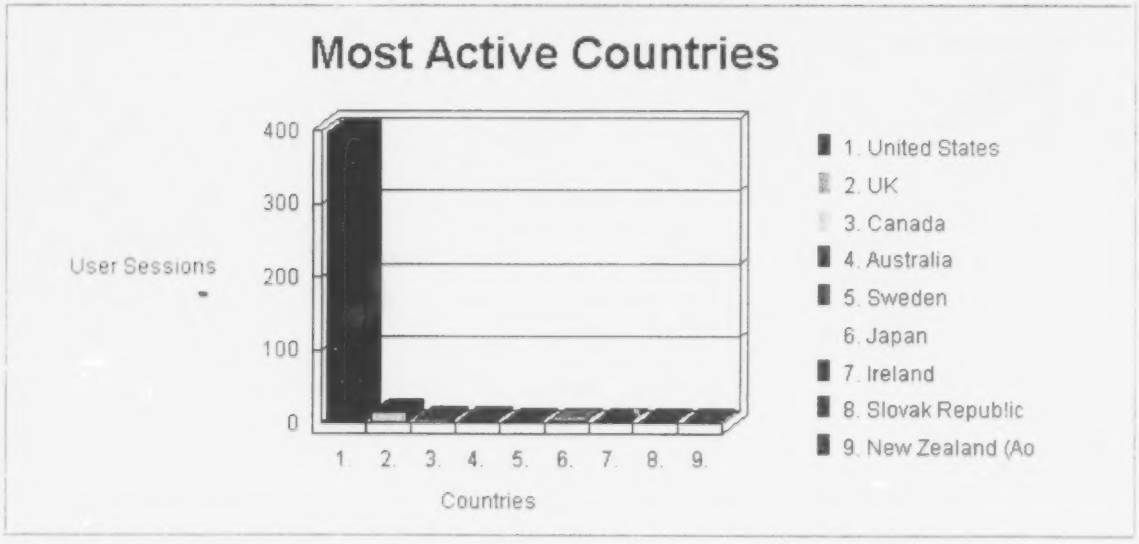
Top Users				
	User	Hits	% of Total Hits	User Sessions
1	ip-208-137-153.7.netdoor.com	604	7.32%	8
2	ip-208-137-153-61.netdoor.com	399	4.84%	10
3	199.77.47.33	207	2.51%	1
4	208.137.153.7	204	2.47%	8
5	129.59.171.19	176	2.13%	2
6	208.16.199.3	166	2.01%	8
7	REFLECT1	163	1.97%	9
8	TBENNETT	162	1.96%	15
9	131.95.43.123	93	1.12%	7
10	140.211.117.170	83	1%	1
	Subtotal for Users Above	2,257	27.38%	69
	Total	8,243	100%	1,407

Most Active Countries

This section identifies the top locations of the visitors to the site by country. The country of the user is determined by the suffix of their domain name. Use this information carefully because this information is based on where the domain name of the visitor is registered, and may not always be an accurate identifier of the actual geographic location of this visitor. For example, while a vast majority of .com domain names are from the United States, there is a small minority of domain names that exist outside of the United States.



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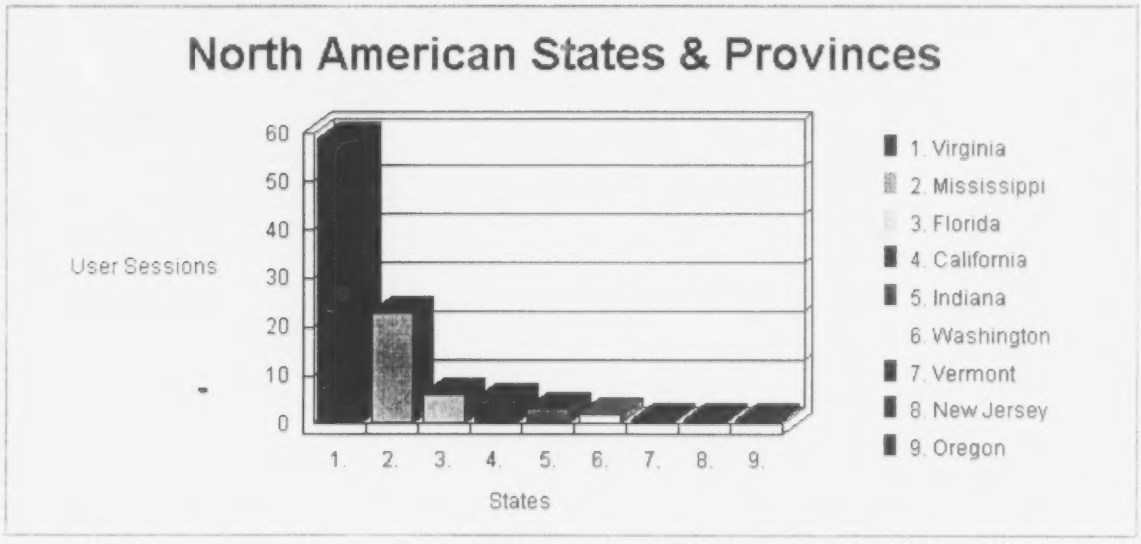
Most Active Countries		
	Countries	User Sessions
1	United States	397
2	UK	15
3	Canada	5
4	Australia	4
5	Sweden	3
6	Japan	3
7	Ireland	2
8	Slovak Republic	2
9	New Zealand (Aotearoa)	2
10	Belgium	1
	Total	434

North American States and Provinces

This section breaks down web site activity to show which of the North American States and Provinces were the most active on the site. This information is based on where the domain name of the visitor is registered, and may not always be an accurate representation of the actual geographic location of this visitor. This information can only be displayed if reverse DNS lookups have been performed.



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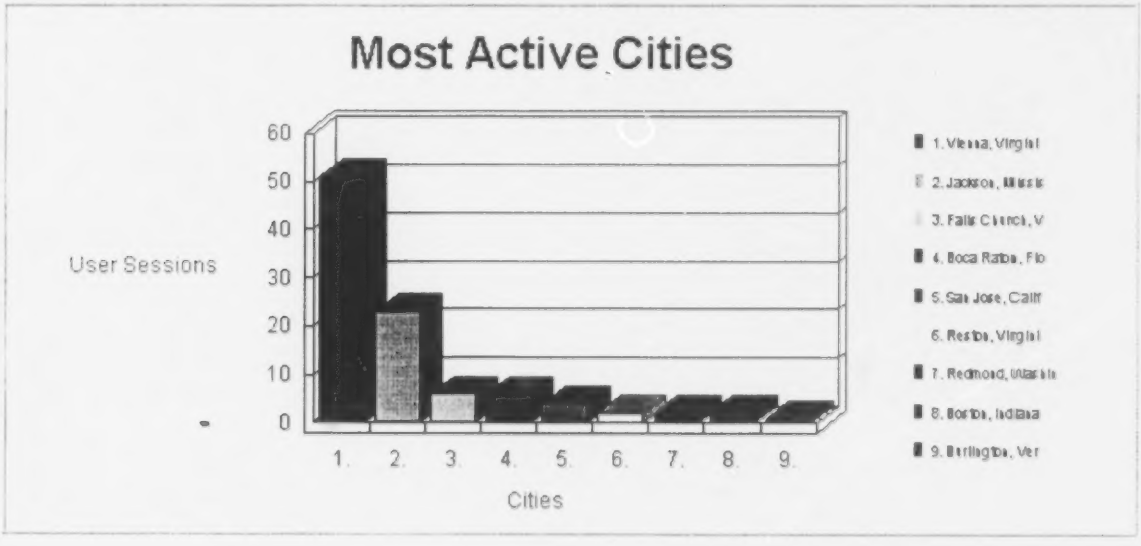
North American States & Provinces		
	State	User Sessions
1	Virginia	59
2	Mississippi	23
3	Florida	6
4	California	5
5	Indiana	3
6	Washington	2
7	Vermont	1
8	New Jersey	1
9	Oregon	1
10	Manitoba	1
	Total For the States Above	102

Most Active Cities

This section further breaks down the site's activity to show which cities were the most active on the site. This information is based on where the domain name of the visitor is registered, and may not always be an accurate representation of the actual geographic location of this visitor. This information can only be displayed if reverse DNS lookups have been performed.



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Most Active Cities		
	City, State	**User Sessions**
1	Vienna, Virginia, United States	51
2	Jackson, Mississippi, United States	23
3	Falls Church, Virginia, United States	6
4	Boca Raton, Florida, United States	6
5	San Jose, California, United States	4
6	Reston, Virginia, United States	2
7	Redmond, Washington, United States	2
8	Boston, Indiana, United States	2
9	Burlington, Vermont, United States	1
10	Indianapolis, Indiana, United States	1
	Total For the Cities Above	**98**

Most Active Organizations

This section identifies the companies or organizations that accessed the site the most often.

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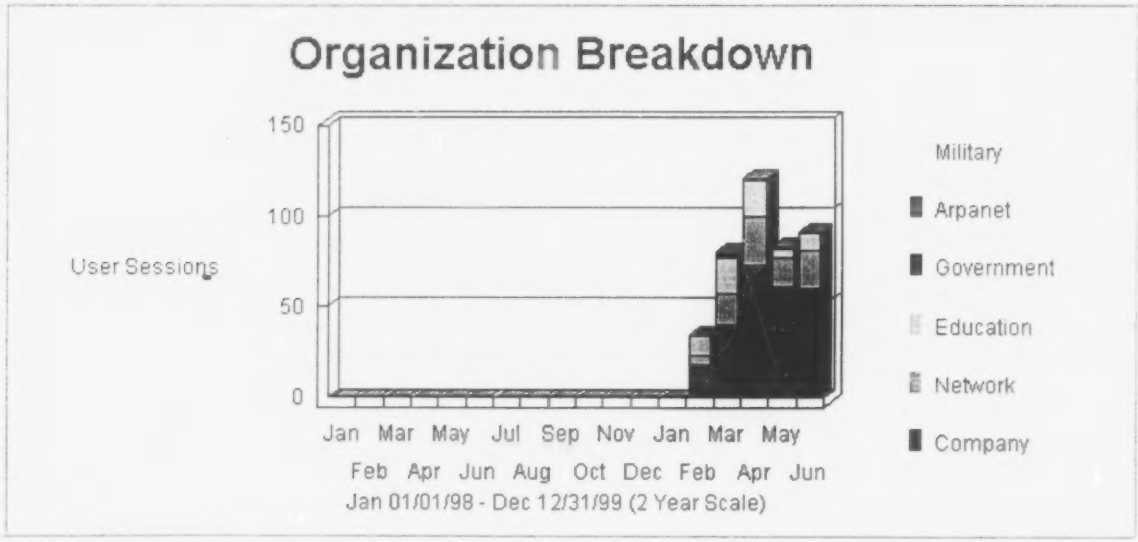
Most Active Organizations				
	Organizations	**Hits**	**% of Total Hits**	**User Sessions**
1	**Internet Doorway Inc.** netdoor.com	1,058	12.87%	23
2	**America Online** aol.com	212	2.57%	51
3	199.77.47.33	207	2.51%	1
4	208.137.153.7	204	2.48%	8
5	129.59.171.19	176	2.14%	2
6	208.16.199.3	166	2.01%	8
7	REFLECT1	163	1.98%	9
8	TBENNETT	162	1.97%	15
9	131.95.43.123	93	1.13%	7
10	140.211.117.170	83	1%	1
	Subtotal For Companies Above	**2,524**	**30.7%**	**125**
	Total For the Log File	**8,243**	**100%**	**1,407**

Organization Breakdown

This section provides a breakdown by types of organizations (.com, .net, .edu, .org, .mil, and .gov.) This information can only be displayed if reverse DNS lookups have been performed, and the percentages refer to the total of hits for which the organization type can be determined (some IPs cannot be resolved to a domain, and therefore an organization type cannot be determined).



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Organization Breakdown				
	Organization Type	Hits	% of Total Hits	User Sessions
1	Company	1,948	71.17%	252
2	Network	386	14.1%	86
3	Education	365	13.33%	66
4	Government	17	0.62%	3
5	Arpanet	11	0.4%	1
6	Military	10	0.36%	1
	Total for Known Organization Types	**2,737**	**100%**	**409**

Summary of Activity for Report Period

This section outlines general server activity, comparing the level of activity on weekdays and weekends. The Average Number of Users and Hits on Weekdays are the averages for each individual week day. The Average Number of Users and Hits for Weekends groups Saturday and Sunday together. Values in the table do not include erred hits.

Summary of Activity for Report Period	
Average Number of *Users* per day on Weekdays	6
Average Number of *Hits* per day on Weekdays	38
Average Number of *Users* for the entire Weekend	8
Average Number of *Hits* for the entire Weekend	33
Most Active Day of the Week	Mon
Least Active Day of the Week	Sat
Most Active Day Ever	May 17, 1999
Number of Hits on Most Active Day	569
Least Active Day Ever	November 04, 1998
Number of Hits on Least Active Day	1
Most Active Hour of the Day	11:00-11:59
Least Active Hour of the Day	02:00-02:59

Summary of Activity by Time Increment

This section helps you understand the bandwidth requirements of the site by indicating the volume of activity in kilobytes transferred. The table provides various measures of activity by unit of time for the report period (the unit of time depends on the amount of time covered by the report, and will be the day in most cases).

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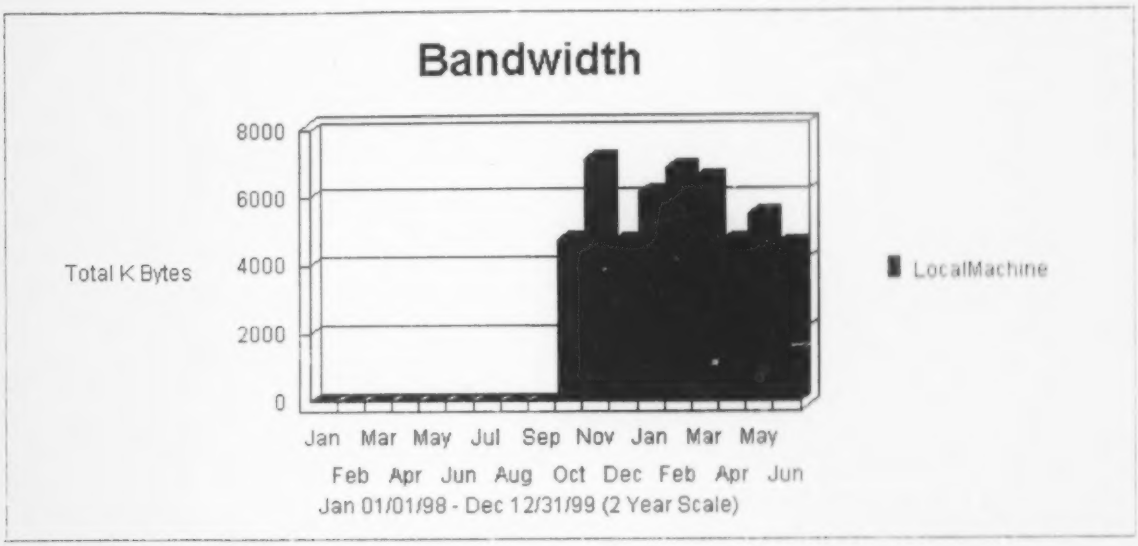

Summary of Activity by Time Increment				
Time Interval	Hits	Page Views	KBytes Transferred	User Sessions
Jan	0	0	0 K	0
Feb	0	0	0 K	0
Mar	0	0	0 K	0
Apr	0	0	0 K	0
May	0	0	0 K	0
Jun	0	0	0 K	0
Jul	0	0	0 K	0
Aug	0	0	0 K	0
Sep	0	0	0 K	0
Oct	751	213	4,757 K	148
Nov	956	314	7,137 K	190
Dec	660	214	4,678 K	141
Jan	1,044	298	6,149 K	171
Feb	1,063	318	6,851 K	207
Mar	924	234	6,529 K	132
Apr	869	219	4,713 K	176
May	1,363	298	5,484 K	120
Jun	613	168	4,616 K	122
Total	**8,243**	**2,276**	**50,914 K**	**1,407**

Activity Level by Day of the Week

This section shows the activity for each day of the week for the report period (i.e. if there are two Mondays in the report period, the value presented is the sum of all hits for both Mondays.) Values in the table do not include erred hits.

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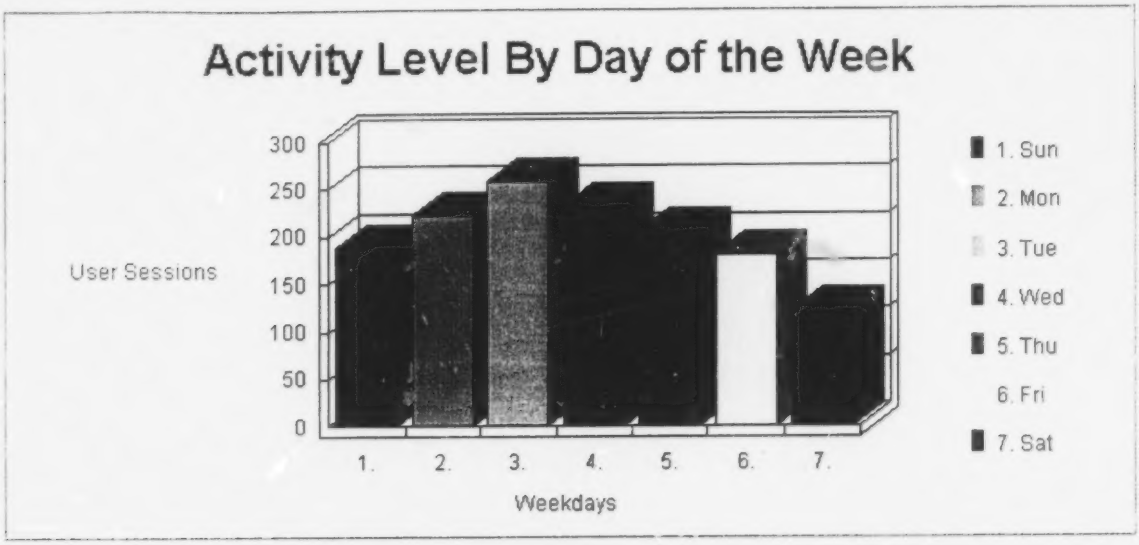

Activity Level by Day of the Week				
	Day	Hits	% of Total Hits	User Sessions
1	Sun	706	8.56%	189
2	Mon	1,718	20.84%	222
3	Tue	1,709	20.73%	258
4	Wed	1,586	19.24%	231
5	Thu	1,277	15.49%	205
6	Fri	760	9.21%	180
7	Sat	487	5.9%	122
	Total Weekdays	**7,050**	**85.52%**	**1,096**
	Total Weekend	**1,193**	**14.47%**	**311**

Activity Level by Hour of the Day

This section shows the most and the least active hour of the day for the report period. The second table breaks down activity for the given report period to show the average activity for each individual hour of the day (if there are several days in the report period, the value presented is the sum of all hits during that period of time for all days). All times are referenced to the location of the system running the analysis.

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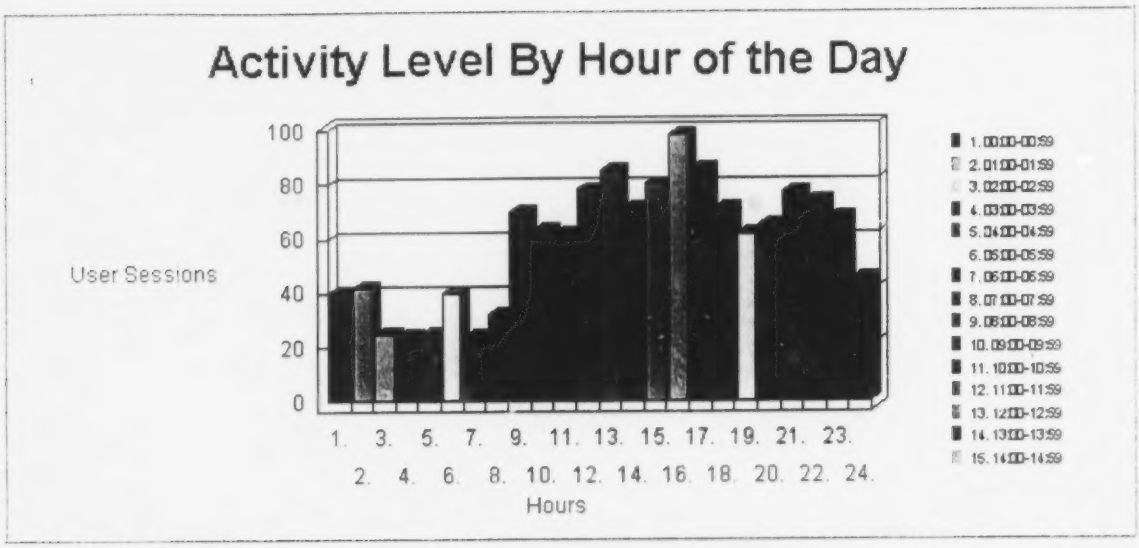

Activity Level by Hours Details			
Hour	# of Hits	% of Total Hits	# of User Sessions
00:00-00:59	90	1.09%	40
01:00-01:59	108	1.31%	42
02:00-02:59	79	0.95%	25
03:00-03:59	95	1.15%	24
04:00-04:59	110	1.33%	25
05:00-05:59	120	1.45%	40
06:00-06:59	116	1.4%	24
07:00-07:59	272	3.29%	32
08:00-08:59	514	6.23%	70
09:00-09:59	413	5.01%	63
10:00-10:59	575	6.97%	62
11:00-11:59	902	10.94%	78
12:00-12:59	393	4.76%	85
13:00-13:59	566	6.86%	71
14:00-14:59	472	5.72%	80
15:00-15:59	770	9.34%	98
16:00-16:59	512	6.21%	86
17:00-17:59	441	5.34%	71
18:00-18:59	217	2.63%	62
19:00-19:59	319	3.86%	65
20:00-20:59	290	3.51%	77
21:00-21:59	207	2.51%	74
22:00-22:59	539	6.53%	68
23:00-23:59	123	1.49%	45
Total Users during Work Hours (8:00am-5:00pm)	**5,117**	**62.07%**	**693**
Total Users during After Hours (5:01pm-7:59am)	**3,126**	**37.92%**	**714**

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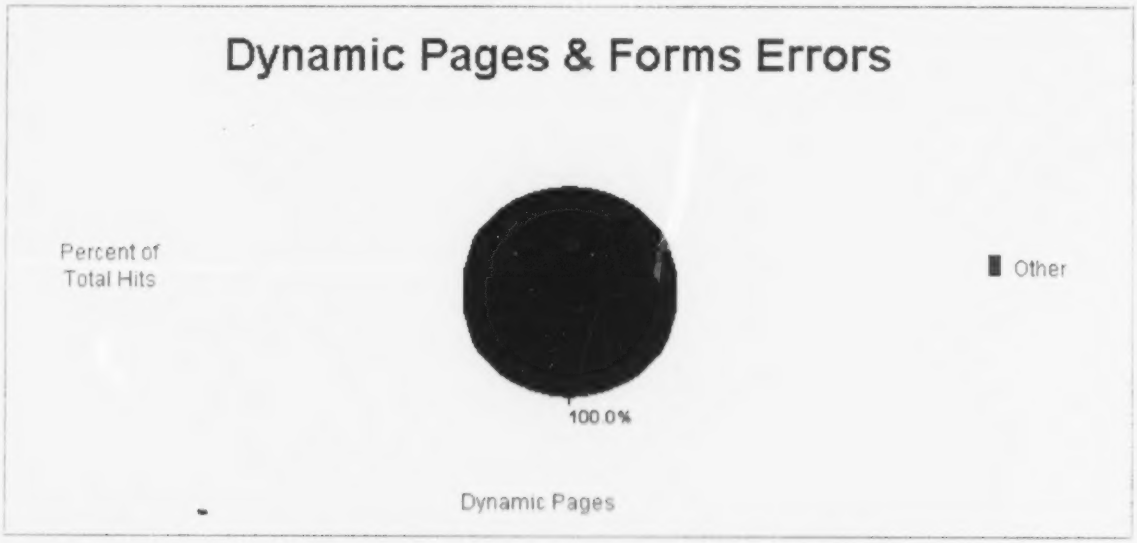
Technical Statistics and Analysis

This table shows the total number of hits for the site, how many were successful, how many failed, and calculates the percentage of hits that failed. It may help you in determining the reliability of the site.

Technical Statistics and Analysis	
Total Hits	8,699
Successful Hits	8,243
Failed Hits	456
Failed Hits as Percent	5.24%
Cached Hits	1,470
Cached Hits as Percent	16.89%

Dynamic Pages & Forms Errors

This section shows the number of successful form submissions compared to the number that failed. WebTrends considers anything with Post command as a dynamic page.



Dynamic Pages & Forms Errors		
Type	**Hits**	**% of Total**
Successful Forms Submitted	428	70.39%
Failed Forms Submitted	180	29.6%
Total	**608**	**100%**

Client Errors

This section identifies the error codes from the browsers accessing your server.

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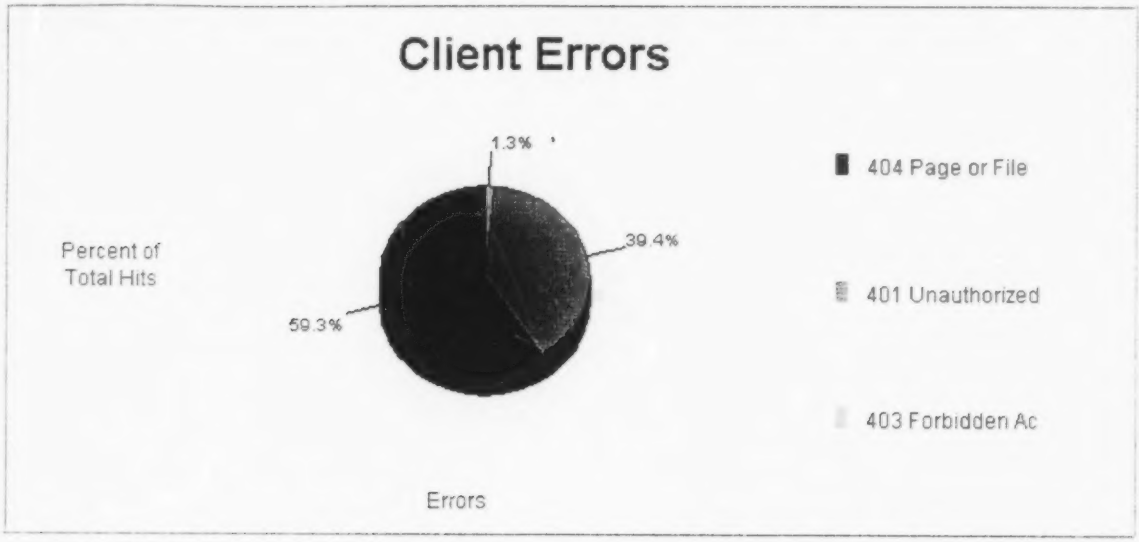
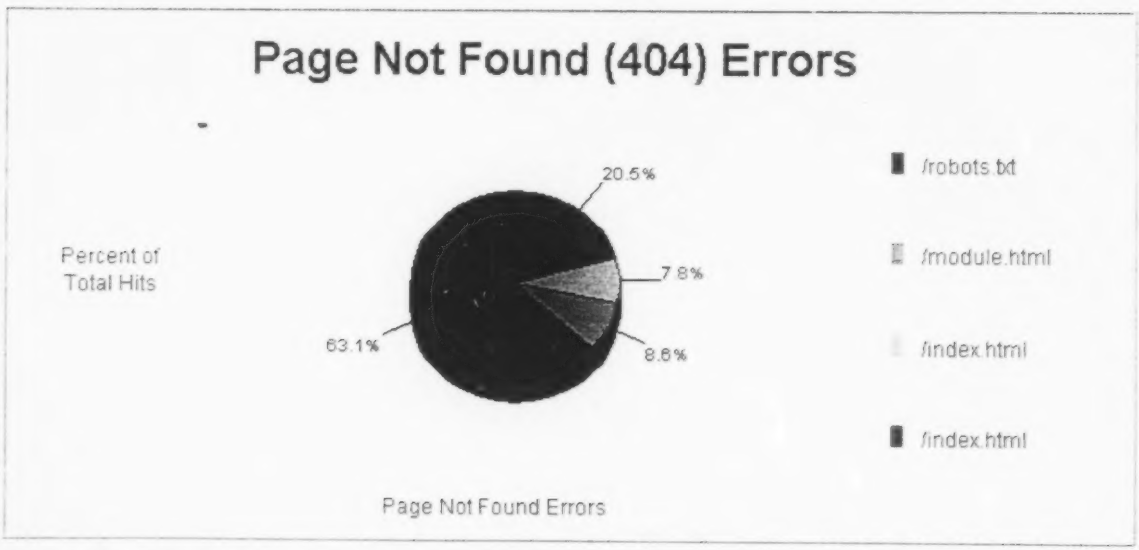


Client Errors		
Error	**Hits**	**% of Failed Hits**
404 Page or File Not Found	268	59.29%
401 Unauthorized Access	178	39.38%
403 Forbidden Access	6	1.32%
Total	**452**	**100%**

Page Not Found (404) Errors

This section identifies pages that returned "Page Not Found" (404) errors on the server.



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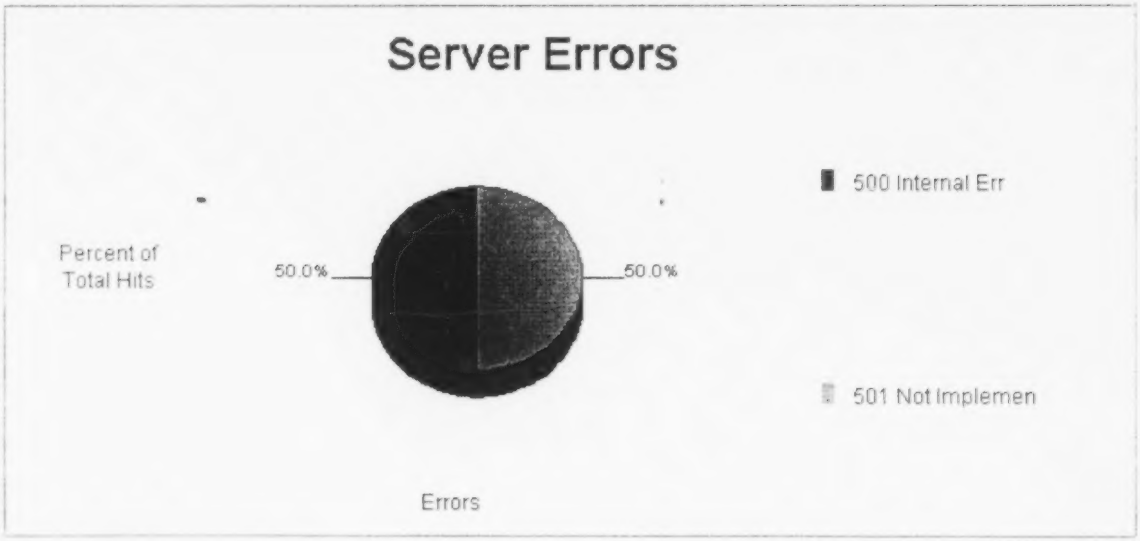
Page Not Found (404) Errors		
Target URL and Referrer	**Hits**	**% of 404 Hits**
/robots.txt *(no referrer)*	169	63.05%
/module.html *(no referrer)*	23	8.58%
/index.html *(no referrer)*	21	7.83%
/index.html *http://informant.dartmouth.edu/*	5	1.86%
/prior.htm *(no referrer)*	4	1.49%
/_vti_inf.html *(no referrer)*	3	1.11%
/#top *(no referrer)*	2	0.74%
/#active *(no referrer)*	2	0.74%
/file.htm *(no referrer)*	2	0.74%
/hearing impairment *(no referrer)*	1	0.37%
Total for Pages Above	**232**	**86.56%**

Server Errors

This section identifies by type the errors which occurred on the server.



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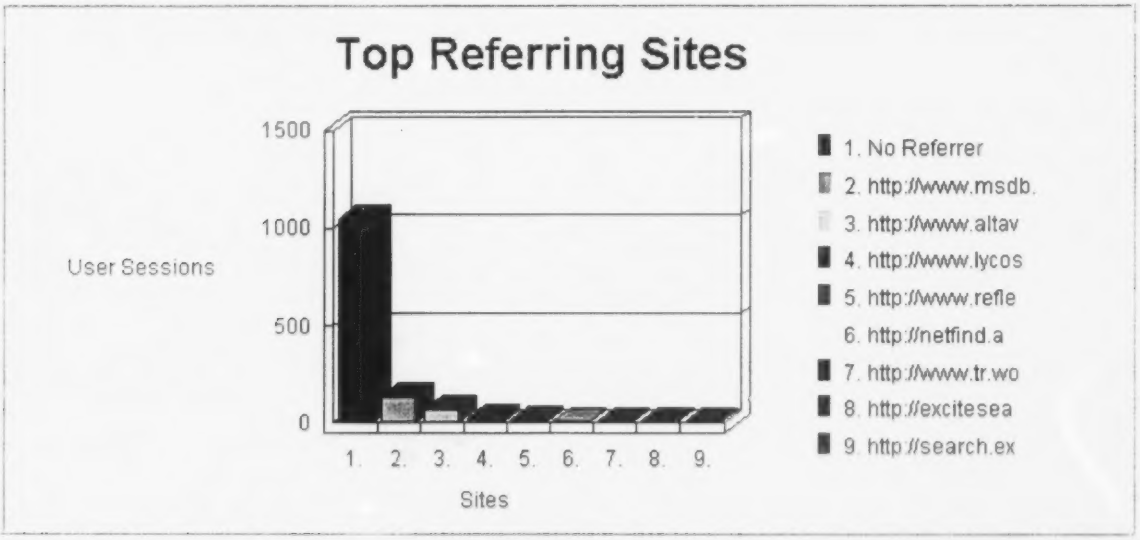
Server Errors		
Error	Hits	% of Total
500 Internal Error	2	50%
501 Not Implemented	2	50%
Total	4	100%

Top Referring Sites

This section identifies the domain names or numeric IP addresses with links to the site. This information will only be displayed if your server is logging this information.



Top Referring Sites		
	Site	User Sessions
1	No Referrer	1,049
2	http://www.msdb.org/	134
3	http://www.altavista.com/	72
4	http://www.lycos.com/	24
5	http://www.reflectiveweb.com/	17
6	http://netfind.aol.com/	11
7	http://www.tr.wou.edu/	10
8	http://excitesearch.netscape.com/	9
9	http://search.excite.com/	7
10	http://www.arribavista.com/	6
	Sub Total for the Referring Sites Above	1,339
	Total for the Log File	1,407

Top Referring URLs

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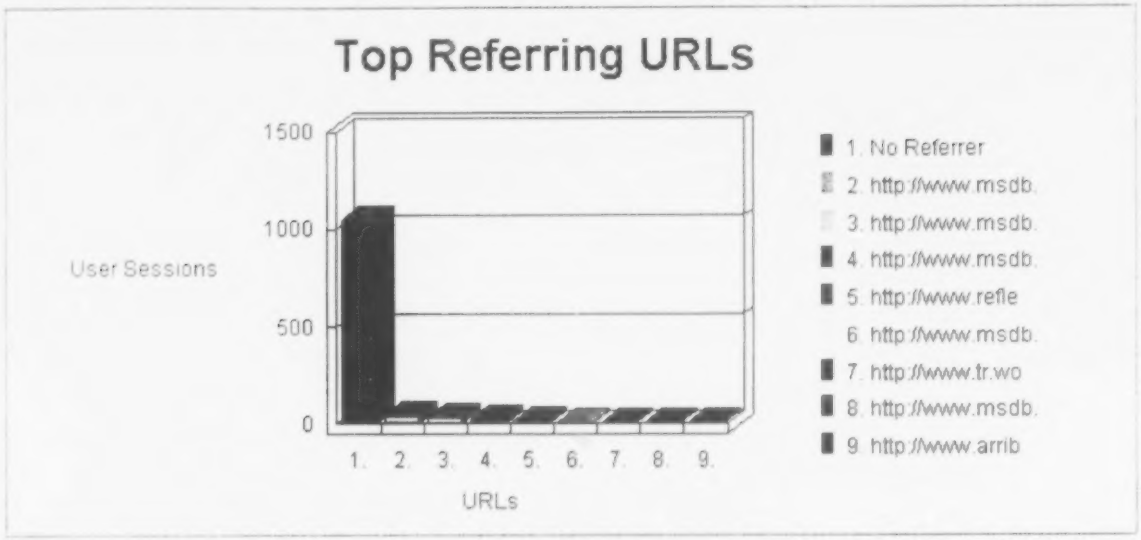
This section provides the full URLs of the sites with links to the site. This information will only be displayed if your server is logging the referrer information.



Top Referring URLs		
	URL	User Sessions
1	No Referrer	1,049
2	http://www.msdb.org/	44
3	http://www.msdb.org/focus1.html	35
4	http://www.msdb.org/resource.html	27
5	http://www.reflectiveweb.com/projects.htm	17
6	http://www.msdb.org/advise.html	8
7	http://www.tr.wou.edu/ntac/links.htm	7
8	http://www.msdb.org/prior.html	6
9	http://www.arribavista.com/ShowResult.asp?image=4687856	6
10	Nav)	5
	Sub Total for the Referrers Above	1,204
	Total for the Log File	**1,407**

Top Search Engines

The graphic illustrates the new user sessions initiated by searches from each search engine. The first table identifies which search engines referred visitors to the site the most often. Note that each search may contain several keywords. The second table identifies the main keywords for each search engine.

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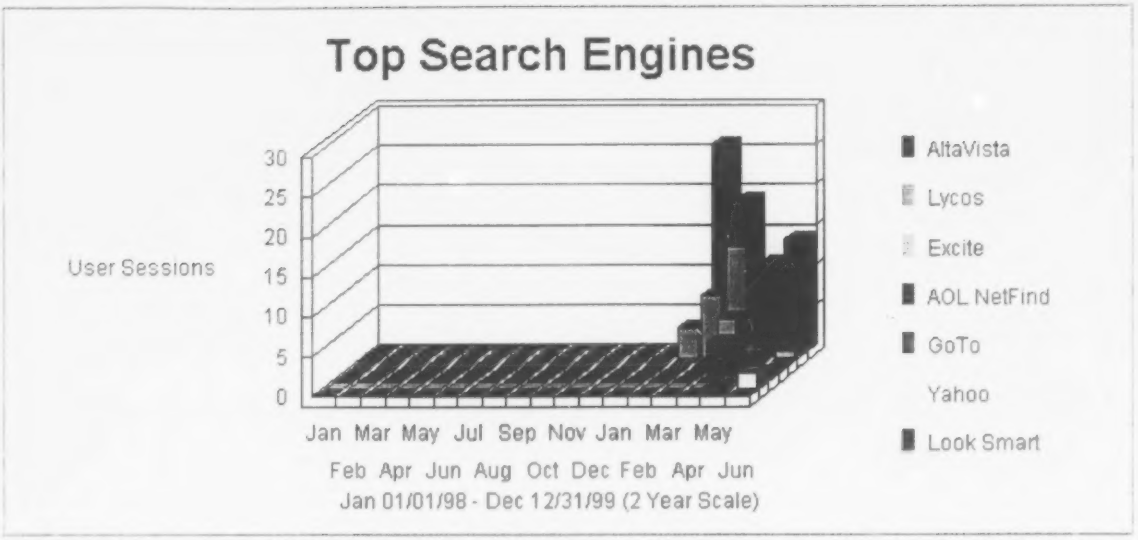

Top Search Engines			
	Engines	**Searches**	**% of Total**
1	AltaVista	77	57.03%
2	Lycos	38	28.14%
3	Excite	9	6.66%
4	AOL NetFind	6	4.44%
5	GoTo	2	1.48%
6	Yahoo	2	1.48%
7	Look Smart	1	0.74%
	Total of Searches for the Engines Above	**135**	**100%**
	Total of Searches for the Log File	**135**	**100%**

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Top Search Engines with Search Phrases Detail			
Engines	**Phrases**	**Phrases Found**	**% of Total**
Lycos	corner	5	3.7%
	retinitus pigmentosa	2	1.48%
	deaf and blind	2	1.48%
	deaf-blind	2	1.48%
	deaf and blind children	2	1.48%
	children of deaf adults	2	1.48%
	activities for the deaf	1	0.74%
	activities for socialization	1	0.74%
	blind and deaf education	1	0.74%
	advise	1	0.74%
AltaVista	deaf-blindness	11	8.14%
	voice activated switch	4	2.96%
	fixes hair .jpg	2	1.48%
	multiple congenital	2	1.48%
	midteens	2	1.48%
		2	1.48%
	lascek	2	1.48%
	correct positioning	1	0.74%
	children adults porn pictures	1	0.74%
	breast feeding correct positioning	1	0.74%
AOL NetFind	california deaf blind services	1	0.74%
	deaf and blind education	1	0.74%
	deaf educaton	1	0.74%
	deafblind education	1	0.74%
	national information center for children and youth with disabilities	1	0.74%
	blindness in children	1	0.74%
Excite	deaf resources for families in wisconsin	2	1.48%
	vocalizations of young deaf children	2	1.48%
	deafblind children	1	0.74%
	educating the blind	1	0.74%
	mississsissippi state	1	0.74%
	children and blindness	1	0.74%
	blind and deaf	1	0.74%
Look Smart	census blind	1	0.74%
GoTo	state deaf blind projects	1	0.74%
	deaf-blind projects	1	0.74%
Yahoo	msdb.org	1	0.74%
	deafblind outreach	1	0.74%

Top Search Engines with Keywords Detail			
Engines	**Keywords**	**Keywords Found**	**% of Total**

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AltaVista	deaf-blindness	14	10.37%
	deaf	7	5.18%
	for	6	4.44%
	blind	5	3.7%
	the	4	2.96%
	switch	4	2.96%
	voice	4	2.96%
	positioning	4	2.96%
	activated	4	2.96%
	siblings	4	2.96%
Lycos	deaf	14	10.37%
	children	9	6.66%
	blind	8	5.92%
	of	6	4.44%
	activities	5	3.7%
	for	5	3.7%
	corner	5	3.7%
	with	3	2.22%
	deaf-blind	2	1.48%
	hearing	2	1.48%
Excite	deaf	5	3.7%
	children	4	2.96%
	in	2	1.48%
	of	2	1.48%
	wisconsin	2	1.48%
	vocalizations	2	1.48%
	families	2	1.48%
	for	2	1.48%
	blind	2	1.48%
	young	2	1.48%
AOL NetFind	deaf	3	2.22%
	education	2	1.48%
	children	2	1.48%
	blind	2	1.48%
	blindness	1	0.74%
	deafblind	1	0.74%
	disabilities	1	0.74%
	center	1	0.74%
	educaton	1	0.74%
	california	1	0.74%
GoTo	projects	2	1.48%
	deaf-blind	1	0.74%
	deaf	1	0.74%
	state	1	0.74%
	blind	1	0.74%
Yahoo	msdb.org	1	0.74%
	outreach	1	0.74%

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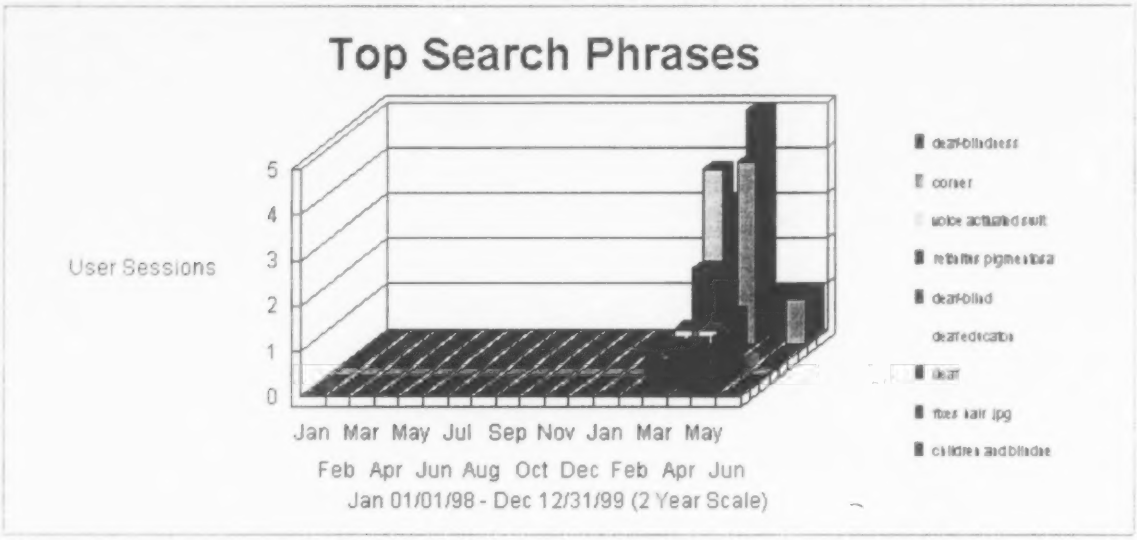
	deafblind	1	0.74%
Look Smart	census	1	0.74%
	blind	1	0.74%

Top Search Phrases

The first table identifies Phrases which led the most visitors to the site (regardless of the search engine). The second table identifies, for each phrase, which search engines led visitors to the site.



Top Search Phrases			
	Phrases	Phrases found	% of Total
1	deaf-blindness	12	8.88%
2	corner	5	3.7%
3	voice activated switch	4	2.96%
4	retinitus pigmentosa	3	2.22%
5	deaf-blind _	2	1.48%
6	deaf educaton	2	1.48%
7	deaf	2	1.48%
8	fixes hair .jpg	2	1.48%
9	children and blindness	2	1.48%
10	children of deaf adults	2	1.48%
	Total Found for the Phrases Above	36	26.66%
	Total of Phrases Found in the Log File	135	100%

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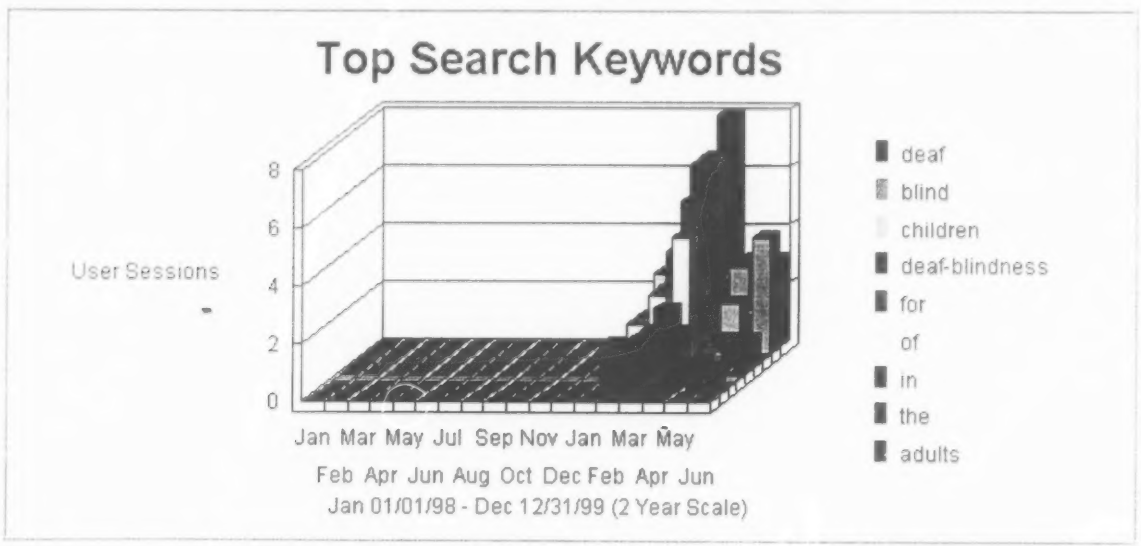
Top Search Phrases with Engines Detail			
Phrases	**Engines**	**Searches**	**% of Total**
deaf-blindness	AltaVista	11	8.14%
	Lycos	1	0.74%
corner	Lycos	5	3.7%
voice activated switch	AltaVista	4	2.96%
retinitus pigmentosa	Lycos	2	1.48%
	AltaVista	1	0.74%
deaf-blind	Lycos	2	1.48%
deaf educaton	Lycos	1	0.74%
	AOL NetFind	1	0.74%
deaf	Lycos	1	0.74%
	AltaVista	1	0.74%
fixes hair .jpg	AltaVista	2	1.48%
children and blindness	Lycos	1	0.74%
	Excite	1	0.74%
children of deaf adults	Lycos	2	1.48%

Top Search Keywords

The first table identifies keywords which led the most visitors to the site (regardless of the search engine). The second table identifies, for each keyword, which search engines led visitors to the site.



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Top Search Keywords			
	Keywords	Keywords found	% of Total
1	deaf	30	7.61%
2	blind	19	4.82%
3	children	18	4.56%
4	deaf-blindness	15	3.8%
5	for	14	3.55%
6	of	11	2.79%
7	in	8	2.03%
8	the	7	1.77%
9	adults	6	1.52%
10	activities	6	1.52%
	Total Found for the Keywords Above	134	34.01%
	Total of Keywords Found in the Log File	394	100%

Top Search Keywords with Engines Detail			
Keywords	Engines	Searches	% of Total
deaf	Lycos	14	3.55%
	AltaVista	7	1.77%
	Excite	5	1.26%
	AOL NetFind	3	0.76%
	GoTo	1	0.25%
blind	Lycos	8	2.03%
	AltaVista	5	1.26%
	Excite	2	0.5%
	AOL NetFind	2	0.5%
	Look Smart	1	0.25%
	GoTo	1	0.25%
children	Lycos	9	2.28%
	Excite	4	1.01%
	AltaVista	3	0.76%
	AOL NetFind	2	0.5%
deaf-blindness	AltaVista	14	3.55%
	Lycos	1	0.25%
for	AltaVista	6	1.52%
	Lycos	5	1.26%
	Excite	2	0.5%
	AOL NetFind	1	0.25%
of	Lycos	6	1.52%
	AltaVista	3	0.76%
	Excite	2	0.5%
in	AltaVista	4	1.01%
	Excite	2	0.5%
	Lycos	1	0.25%
	AOL NetFind	1	0.25%

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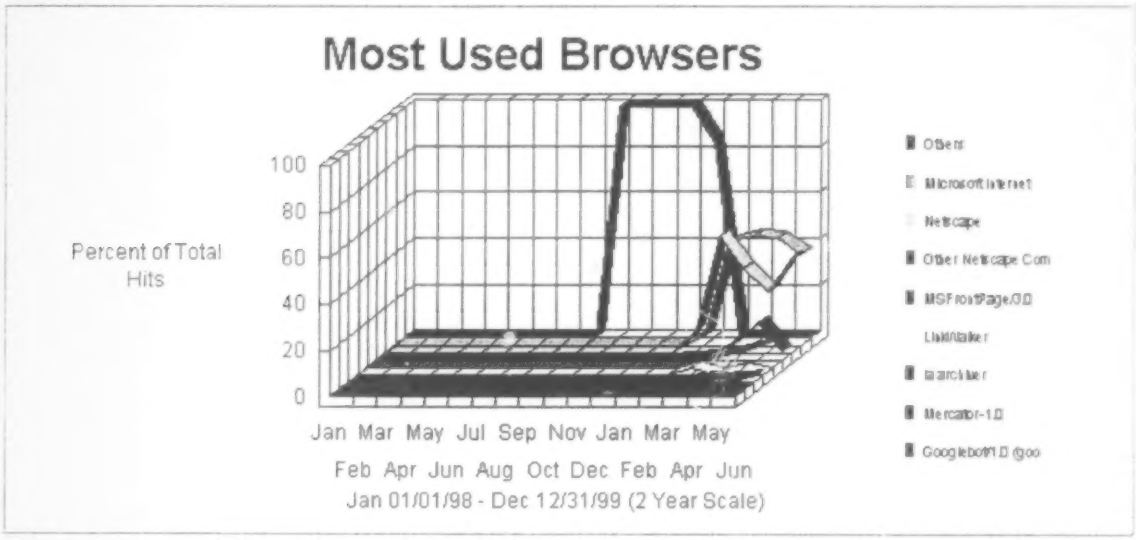
the	AltaVista	4	1.01%
	Lycos	2	0.5%
	Excite	1	0.25%
adults	AltaVista	4	1.01%
	Lycos	2	0.5%
activities	Lycos	5	1.26%
	AltaVista	1	0.25%

Most Used Browsers

This section identifies the most popular WWW Browsers used by visitors to the site. This information will only be displayed if your server is logging the browser/platform information.



Most Used Browsers				
	Browser	Hits	% of Total Hits	User Sessions
1	Others	4,299	52.15%	816
2	Microsoft Internet Explorer	1,696	20.57%	226
3	Netscape	1,457	17.67%	223
4	Other Netscape Compatible	313	3.79%	41
5	MSFrontPage/3.0	222	2.69%	1
6	LinkWalker	50	0.6%	2
7	ia_archiver	34	0.41%	20
8	Mercator-1.0	32	0.38%	4
9	Googlebot/1.0 (googlebot@googlebot.com http://googlebot.com/)	25	0.3%	18
10	WebTrends	19	0.23%	3
	Total For Browsers Above	**8,147**	**98.83%**	**1,354**

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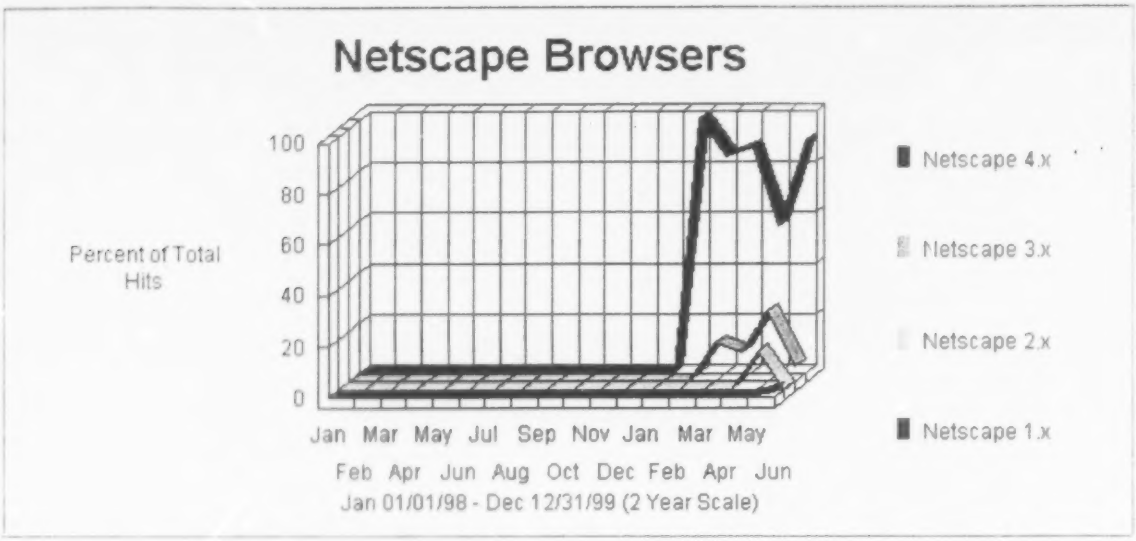
Netscape Browsers

This section gives you a breakdown of the various versions of Netscape browsers that visitors to the site are using.



Netscape Browsers				
	Browser	Hits	% of Total Hits	User Sessions
1	Netscape 4.x	1,189	81.6%	180
2	Netscape 3.x	211	14.48%	41
3	Netscape 2.x	51	3.5%	1
4	Netscape 1.x	6	0.41%	1
	Total For Browsers Above	**1,457**	**100%**	**223**

Microsoft Explorer Browsers

This section gives you a breakdown of the various versions of Microsoft Explorer browsers that visitors to the site are using.

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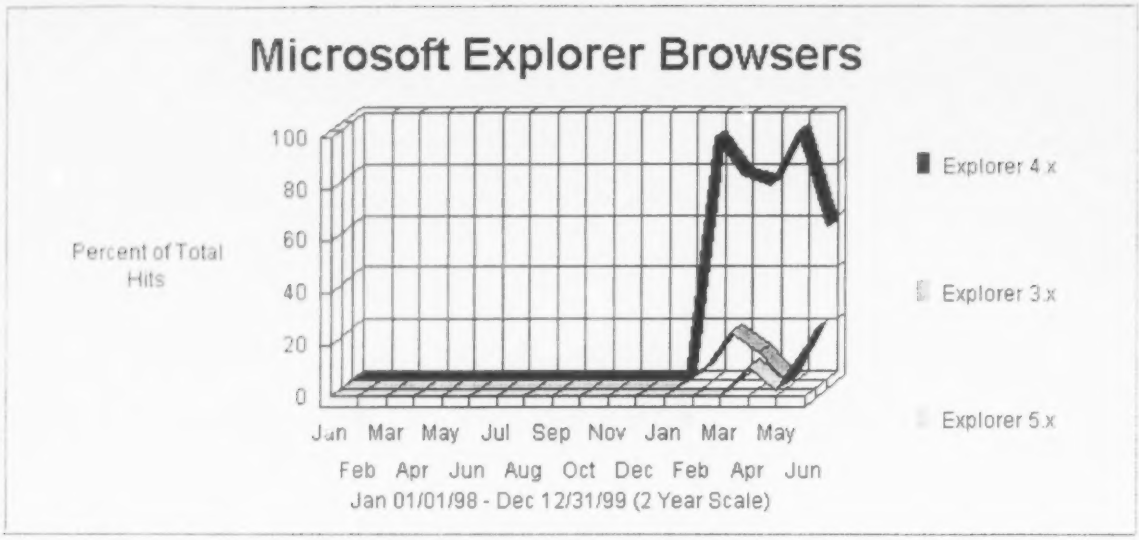
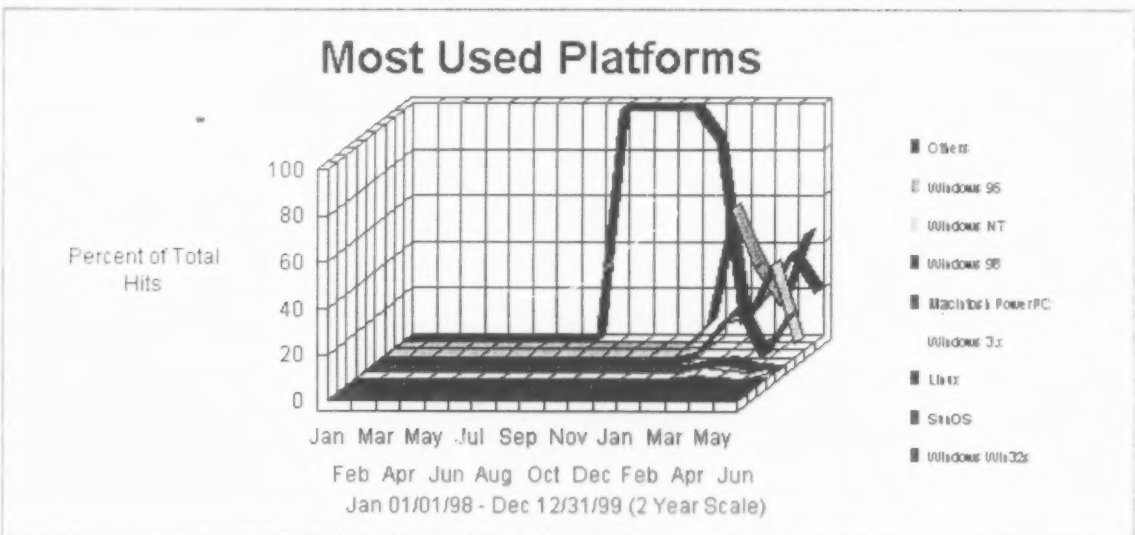


Microsoft Explorer Browsers				
	Browser	Hits	% of Total Hits	User Sessions
1	Explorer 4.x	1,384	81.6%	156
2	Explorer 3.x	208	12.26%	42
3	Explorer 5.x	104	6.13%	28
	Total For Browsers Above	**1,696**	**100%**	**226**

Most Used Platforms

This section identifies the operating systems most used by the visitors to the site.



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Most Used Platforms				
	Platform	Hits	% of Total Hits	User Sessions
1	Others	5,213	63.24%	969
2	Windows 95	1,543	18.71%	250
3	Windows NT	869	10.54%	50
4	Windows 98	506	6.13%	93
5	Macintosh PowerPC	51	0.61%	16
6	Windows 3.x	37	0.44%	16
7	Linux	13	0.15%	8
8	SunOS	8	0.09%	4
9	Windows Win32s	3	0.03%	1
	Total For Platforms Above	**8,243**	**100%**	**1,407**

Glossary

Following are definitions for terms used in this report and throughout the World-Wide Web in general. These terms are also common to the WebTrends analysis tool.

Glossary	
Ad	A graphic or a banner on a web page that when clicked on, takes the visitor to another site.
Ad Clicks	A click on an advertisement on a web site which takes a user to another site, it is referred to as an ad click.
Ad Views	A web page that presents an ad. Once the visitor has viewed an ad, he/she can click on it (see Ad Click). There may be more than one ad on an ad view.
Authentication	Technique by which access to Internet or Intranet resources requires the user to identify himself or herself by entering a username and password.
Bandwidth	Measure (in kilobytes of data transferred) of the traffic on the site.
Browser	A program used to locate and view HTML documents (Netscape, Mosaic, Microsoft Explorer, for example.)
Click through rate	Percentage of users who click on a viewed advertisement. This is a good indication of the effectiveness of this ad.
Client	The browser (see above) used by a visitor to a Web site.
Client Errors	An error occurring due to an invalid request by the visitor's browser. Client errors are in the 400-range. See "Return Code" definition.
Company Database	The database installed and used by WebTrends to look up the company name, city, state and country corresponding to a specific domain name.
Cookies	Persistent Client-State HTTP Cookies are files containing information about visitors to a web site (e.g., user name and preferences). This information is provided by the user during the first visit to a Web server. The server records this information in a text file and stores this file on the visitor's hard drive. When the visitor accesses the same web site again, the server looks for the cookie and configures itself based on the information provided.
Domain Name	The text name corresponding to the numeric IP address of a computer on the Internet (i.e., www.webtrends.com).
Domain Name Lookup	The process of converting a numeric IP address into a text name (for example, 204.245.240.194 is converted to www.webtrends.com).
Filters	A means of narrowing the scope of a report or view by specifying ranges or types of data to include in or exclude.

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Forms	An HTML page which passes variables back to the server. These pages are used to gather information from users. Also referred to as scripts.
FTP	File Transfer Protocol is a standard method of sending files between computers over the Internet.
GIF	Graphics Interchange Format is an image file format commonly used in HTML documents.
Hit	An action on the Web site, such as when a user views a page or downloads a file.
Home Page	The main page of a Web site. The home page provides visitors with an overview and links to the rest of the site. It often contains or links to a Table of contents for the site.
Home Page URL	The local path or Internet URL to the default page of the Web site for which WebTrends reports will be generated.
HTML	Hyper Text Markup Language is used to write documents for the World Wide Web to specify hypertext links between related objects and documents.
HTTP	Hyper Text Transfer Protocol is a standard method of transferring data between a Web **server** and a Web **browser**.
IP Address	Internet Protocol address identifying a computer connected to the Internet.
Log File	A file created by a web or proxy server which contains all of the access information regarding the activity on that server.
Page Views	Also called Page Impressions. Hit to HTML pages only (access to non-HTML documents are not counted).
Platform	The operating system (i.e. Windows 95, Windows NT, etc.) used by a visitor to the site.
Protocol	An established method of exchanging data over the Internet.
Referrer	URL of an HTML page that refers to the site.
Return Code	The return status of the request which specifies whether the transfer was successful and why. **Possible "Success" codes are:** **200 = Success**: OK **201 = Success**: Created **202 = Success**: Accepted **203 = Success**: Partial Information **204 = Success**: No Response **300 = Success**: Redirected **301 = Success**: Moved **302 = Success**: Found **303 = Success**: New Method **304 = Success**: Not Modified **Possible "Failed" codes are**: **400 = Failed**: Bad Request **401 = Failed**: Unauthorized **402 = Failed**: Payment Required **403 = Failed**: Forbidden **404 = Failed**: Not Found **500 = Failed**: Internal Error **501 = Failed**: Not Implemented **502 = Failed**: Overloaded Temporarily **503 = Failed**: Gateway Timeout
Server	A computer that hosts information available to anyone accessing the Internet.
Server Error	An error occurring at the server. Web server errors have codes in the 500 range.
Spiders	An automated program which searches the internet.

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Suffix (Domain Name)	The three digit suffix of a domain can be used to identify the type of organization. Possible "Suffixes" are: .com = Commercial .edu = Educational .int = International .gov = Government .mil = Military .net = Network .org = Organization
User Agent	Fields in an extended Web server log file identifying the browser and platform used by a visitor.
URL	Uniform Resource Locator is a means of identifying an exact location on the Internet. For example, http://www.webtrends.com/html/info/default.htm is the URL which defines the use of HTTP to access the Web page Default.htm in the /html/info/ directory on the WebTrends Corporation Web site). As the previous example shows, a URL is comprised of four parts: Protocol Type (HTTP), Machine Name (webtrends.com), Directory Path (/html/info/), and File Name (default.htm).
User Session	A session of activity (all hits) for one user of a web site. A unique user is determined by the IP address or cookie. By default, a user session is terminated when a user is inactive for more than 30 minutes. This duration can be changed from General panel in the Options, Web Log Analysis dialog. Synonym: Visit.
View,Page	Each request for a particular web page which displays an ad. Also referred to as an impression.
Visit	Commonly called User Session. All activity for one user of a web site. By default, a user session is terminated when a user is inactive for more than 30 minutes.

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APPENDIX E

MANAGEMENT BY OBJECTIVE

Management By Objective
(Reviewed Monthly)

OCTOBER 1, 1999 - SEPTEMBER 30, 2003

NAME: (Staff)_____ Month:_____ Date: (Reported)_____

OBJECTIVE	RESOURCES/ PERSONS INVOLVED	COMPLETED TASKS	FUTURE EVENT(S)	EXPECTED/ ACTUAL OUTCOMES
1.0 Identification and Maintenance of Deaf-Blind Registry and Census Reporting for state and national planning and evaluation purposes.				
1.1 Collaborate with Part C, B, Mental Health, medical facilities, and others to identify infants and toddlers.				
1.1a Disseminate information about the best practices, resources, service and technical assistance offered by this project.				Increased family and community awareness on deaf-blindness and related issues.
Activities:				
1. Identify the contact person for agencies, service providers, organizations and medical facilities to disseminate identification, referral and registry information, and technical assistance services.				
2. Revise and disseminate project awareness brochures to all Health District Offices, Mental Health Diagnostic and Evaluation Centers, major medical facilities, and LEA's.				
3. Submit informational articles in agency and parent support organization newsletters.				
4. Place project information in State Directories.				
5. Present poster sessions at relevant state workshops.				
6. Place informational Focus Flyers and other resources relevant to deaf-blindness and referral request on the current web-site, (www.msdb.org.).				
1.1b Assist to identify infants, toddlers, school-age and transition-age students with deaf-blindness.				Increased number of infants and toddlers, school-age children and young adults accurately identified as having deaf-blindness through vision and hearing assessment.
Activities:				
1. Send child find information to local education agencies and other agencies providing services to individuals with disabilities.				
2. Promote uniform definition of deaf-blindness in state for accurate census data collection.				

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3. Revise and send Registry Referral Packet to families and related agencies.				
4. Obtain parent consent for hearing and vision assessment.				
5. Develop and send Deaf-Blind Information Packets to families upon registry placement.				
6. Coordinate with agencies to locate local and state resources and supports for appropriate diagnostic information needed for registry placement.				
7. Assist in the coordination of appropriate assessments.				
1.1c Strengthen a coordinated interagency referral process.				Increase in families receiving a broader range of more appropriate and timely support services.
Activities:				
1. Follow federal and state policies and procedures for referrals.				
2. Provide a systematic procedure to send/accept referral to/from Departments of Health, Mental Health, Education, National Family Association for Deaf-Blind and other relevant organizations.				
3. Send placement/non-placement confirmation/referrals to parents and referral agency.				
4. Follow project process for new registrants.				
1.2 Maintain Deaf-Blind registry and conduct annual Census.				
1.2a Maintain ongoing registry through collaboration and dissemination activities.				Interagency coordination and collaboration, positively effecting the referral process and the provision of the Individualized Family Service Plan (IFSP) and Individual Education Plan (IEP). Increased natural/inclusive placement settings.
Activities:				
1. Establish systematic procedure for gathering accurate diagnostic vision, hearing and demographic data in a timely manner.				
2. Contact family by phone to introduce project.				
3. Send verification of placement/non-placement to families and service providers.				
4. Add to computerized data base.				
5. Add families and service providers to mailing list for Focus Flyers and other resources.				

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1.2b Conduct annual census and submit results to federal agencies as required.				Increase in collaboration between families and service providers. Mississippi Deaf-Blind Registry data based system with updated, accurate information for registry participants for meeting annual census requirements.
Activities:				
1. Send updated census: individualized forms to agencies providing services.				
2. Revise computerized registry data base for updated information.				
3. Notify referring agency and family of individuals added/removed from registry based on eligibility.				
4. Provide information to families if they change placement, relocate in/out of state.				
2.0 Facilitation of systems change, increase state & local capacity to provide services for improved outcomes for children/youth with deaf-blindness.				
2.1 Coordinate and disseminate annual needs assessment to families, service providers, and administrators at relevant state agencies/organizations.				Become part of an accountability system for identifying and disseminating assessment of family support needs and service provider technical assistance, training, and information needs.
Activities:				
1. Identify relevant state agencies/organizations linked to services for children with disabilities.				
2. Participate in interagency/agency advisory boards connected to services for children with disabilities (0-22).				
3. Develop systems to cost effectively conduct assessment of family support needs and service provider needs (professionals and paraprofessionals) for information and training.				
4. Continue utilization of Regional Resource Partnership participants for statewide family and service provider needs identification.				
5. Disseminate results of needs assessment to relevant agencies/organizations for individual and joint planning purpose.				

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2.2 Participate in state and local initiatives to improve collaborative service delivery for children with deaf-blindness				An identified local and state system for coordinating services. A local and state system for developing agreements/protocol for a collaborative service system. A full range of options/supports available for individuals with deaf-blindness (interpretors-intervernors and orientation/mobility specialists). Coordinated activities across other federally funded projects in the state.
Activities:				
1. Coordinate activities with the Regional Resource Partnership and Advisory Board for identification of relevant agencies necessary for collaborative service delivery.				
2. Coordinate development of interagency service agreements with relevant agencies to support the individualized needs of students with deaf-blindness.				
3. Participate in the implementation of interagency agreements with appropriate agencies for necessary support services per each child/student on registry: "circle of communicators", "intervenors/interpreters", and/or orientation and mobility specialists.				
4. Develop system of coordinating person/family centered planning across organizations.				
5. Coordinate relevant project activities with other federally funded programs in the state.				
2.3 Coordinate technical assistance, training and information dissemination with families, relevant state agencies/organization.				
2.3a Establish procedures and implement preservice and inservice training.				Identified core competencies for trained personnel in issues relating to deaf-blindness. As part of an accountability system, jointly identify personnel performance goals and strategies as part of state agency improvement plans. An increase in training modules and practicum settings available for training on issues related to deaf-blindness. An increase in deaf-blind best practice training held at the preservice and inservice level. An increase in the number of families and service providers receiving training on issues relating to deaf-blindness at the local level.
Activities:				

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1. Identify relevant state agencies/organizations to coordinate training activities with existing programs involved in personnel development.				
2. Identify core competencies needed for service providers for children with deaf-blindness.				
3. Develop instrument for evaluating performance in core competency areas.				
4. Jointly plan training content, schedule and method of ongoing communication of training events with relevant state agencies/organizations.				
5. Identify and develop training modules for all relevant preservice and inservice topics specific to deaf-blind best practices (i.e. communication, technology, genetic conditions, service modules).				
6. Design training modules specific to deaf-blindness best practices to enhance existing coursework in preservice low-incidence programs in 4 universities (S, C, NW, NE).				
7. Select and prepare exemplary sites demonstrating services/supports for families/children with deaf-blindness for training practicums.				
8. Implement and evaluate deaf-blind training modules at 4 university campuses.				
9. Implement and evaluate deaf-blind training modules in inservice settings across agencies and organizations.				
10. Present and evaluate presentation of training topics at statewide or in-state regional conferences relevant to deaf-blind.				
11. Sponsor family attendance to statewide or in-state regional conferences with information relevant to deaf-blind.				
2.3b Establish procedures and implement collaborative technical assistance and information dissemination supporting families, state agencies/organizations.				An increase in the number of family opportunities to attend state conferences. An increase in the number of families and service providers receiving technical assistance and information on issues relating to deaf-blindness at the local level. Families empowered for participation in advocacy efforts for necessary legislative changes.
Activities:				
1. Provide awareness of the availability of Regional Resource Partnership participants for provision of technical assistance and information dissemination to families/agencies at the local level.				

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2. Coordinate Regional Resource Partnership training events with families, agencies, and federally funded programs.				
3. Utilize the trained participants from the partnership to coordinate technical assistance and information dissemination activities at the local level.				
4. Coordinate project technical assistance and information dissemination with relevant agencies/organizations programs (SIGs, CSPD, etc.) for non-duplication of services.				
5. Develop and implement documentation system for reporting evaluation of services.				
6. Develop and maintain statewide listing of relevant workshop, seminars, and consumer networking opportunities for families and service providers utilizing the web-site, www.msbd.org				
2.4 Coordinate technical assistance, training, dissemination activities, and data evaluation with national deaf-blind programs and national efforts that facilitate state systems change.				National resources used for state-wide training in research based effective practices.
Activities:				
1. Disseminate information regarding national training opportunities.				
2. Select families and members from the Regional Resource Partnership to attend at least 1 national training opportunity as a team, sponsored by NTAC.				
3. Identify and disseminate information on regional, national, and international programs for replication in this state.				
4. Use NTAC consultants in determining state needs for technical assistance and training and information dissemination.				
5. Use national consultants in planning and evaluating project activities related to systems change.				
6. Identify and disseminate information on state and national legislation impacting individuals with deaf-blindness, their families, and service providers.				
7. Disseminate efforts and results of this project activity at 1-2 major national conferences relevant to individuals with deaf-blindness.				

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3.0 Provision of an array of technical assistance, training and information dissemination activities to families, local and state agencies/organizations reflecting research based best practices that result in collaborative assessment, appropriate placement and a network of support services for children (0-22) with deaf-blindness.				**OCTOBER 1, 1999 - SEPTEMBER 30, 2003**
3.1 Provide technical assistance and training to improve knowledge and skills of families and service providers to provide appropriate assessments, programming, support and placement options for infants and toddlers (0-3) with deaf-blindness in implementing Part C of IDEA.				Technical assistance, training, and information dissemination will be accessible to families, service providers (early, school age, transition age), agencies, and organizations. An increase in the identification of local school districts in need of technical assistance. An increase in the number of recipients (service providers including para-professionals and agency directors and family members) using technical assistance, training and information disseminated in order to increase their capacity to perform best practices. An increase in the percentage of teachers with skill and knowledge in the issues of deaf-blindness. An increase in the percentage of special education teachers with skill and knowledge for teaching students with deaf-blindness. Improved student outcomes resulting from technical assistance, training and information dissemination [progress on IEP's]. Increase in the number of infants and toddlers achieving developmental milestones.
Activities:				
1. Provide state-wide systematic training, in collaboration with other agencies, to early childhood service providers (including para-professionals) and families on trans-disciplinary assessment practices, planning, and placement options.				
2. Provide state-wide systematic training, in collaboration with other agencies, to early childhood service providers (including para-professionals) and families on embedding critical skills within the daily routine in the natural environment for infants and toddlers at risk for or with deaf-blindness.				
3. Provide video training demonstrating embedding critical skills for developmentally appropriate practices to families and early childhood service providers.				
4. Provide specific information/resources on deaf-blindness and other related disability issues based on research and best practices for communication, hearing and vision, and use of adaptive materials.				

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5. Participate in home visits/natural environments with family and early childhood service providers demonstrating and implementing developmentally appropriate practices for early childhood programming or planning for transition to school (IFSP, Hab planning)				
6. Implement system for referrals, providing and evaluating technical assistance related to assessment, program planning, support and service options to families and service providers of infants and toddlers with or at risk for deaf-blindness.				
7. Provide follow up consultant services to support appropriate assessment, support services and implementation of planning for infants and toddlers with or at risk for deaf-blindness.				
3.2 Provide technical assistance and training to improve knowledge and skills of families and service providers to provide appropriate assessments, programming, support and placement options for school-age children (3-14) with deaf-blindness to implement Part B of IDEA.				Technical assistance, training, and information dissemination will be accessible to families, service providers (early, school age, transition age), agencies, and organizations. An increase in the identification of local school districts in need of technical assistance. An increase in the number of recipients (service providers including para-professionals and agency directors and family members) using technical assistance, training and information disseminated in order to increase their capacity to perform best practices. An increase in the percentage of teachers with skill and knowledge in the issues of deaf-blindness. An increase in the percentage of special education teachers with skill and knowledge for teaching students with deaf-blindness. Improved student outcomes resulting from technical assistance, training and information dissemination [progress on IEP's]. Increase in the percentage of children in general curriculum with supports and accommodations, with adaptive materials, participating peers, and utilizing appropriate services that meet individual needs (i.e., assistive devices, etc.). Students exhibiting improved educational results in reading and math academics and increased access to appropriate secondary education. Accomodations, with adaptive materials, participating in learning with typically developing peers, and utilizing appropriate services that meet individual needs (i.e., assistive devices, etc).
Activities:				
1. Implement system of requesting, providing and evaluating technical assistance related to assessment, educational programming, support and placement options to families and service providers of school age children with deaf-blindness.				

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2. Provide state-wide systematic training to families and service providers (including general education and para-professionals) on appropriate assessment, educational programming, support and placement options for school				
3. Provide video training demonstrating unique needs relating to assessment and programming for students with deaf-blindness: communication, mobility training, positioning and handling techniques, and use of adaptive equipment, to service providers and the families they support.				
4. Utilize resources and materials developed by other state and national projects for implementation of best practices.				
5. Disseminate specific information and resources on deaf-blindness issues (i.e., receptive and expressive communication, training of typical peers for social interaction, orientation and mobility or positioning and handling, and family/person-centered planning).				
6. Coordinate scheduling, conducting and write up of person centered planning meetings.				
7. Participate in Individualized Education Plan (IEP) meetings and other program implementation meetings, demonstrating coordination of related services with school age service providers.				
8. Provide on-site consultant services to support appropriate assessment, educational planning and support to school-age children with deaf-blindness.				
3.3 Provide technical assistance and training to improve knowledge and skills of families and service providers to provide appropriate assessments, programming, support and placement options for transition age students/young adults (14-22) with deaf-blindness to implement Part B of IDEA.				Technical assistance, training, and information dissemination will be accessible to families, service providers (early, school age, transition age), agencies and organizations. An increase in the identification of local school districts in need of technical assistance. An increase in the number of recipients (service providers including para-professionals and agency directors and family members) using technical assistance, training and information disseminated in order to increase their capacity to perform best practices. An increase in the percentage of teachers with skill and knowledge on the issues of deaf-blindness. An increase in the percentage of special education teachers with skill and knowledge for teaching students with deaf-blindness. Improved student outcomes resulting from technical assistance, training and information dissemination [progress on IEP's]. Students exhibiting improved educational results in reading and math academics and increased access to appropriate secondary education. Transition age students with appropriate statements of transitions on their IEPs and increased post secondary education, employment and community living outcomes.

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Activities:				
1. Implement system of requesting, providing and evaluating technical assistance related to assessment, planning, and appropriate programming for job placement and living opportunities to families/service providers of transition age students with deaf-blindness.				
2. Provide state-wide systematic training to service providers (including general education and para-professionals) and families on appropriate assessment, educational planning, job placement and living options for transition age students with deaf-blindness.				
3. Provide video training demonstrating assessment of job placement and community living opportunities.				
4. Disseminate specific information and resources on deaf-blindness issues (i.e., receptive and expressive communication, training of typical peers for social interaction, orientation and mobility or positioning and handling, assistive technology).				
5. Utilize person centered planning approach to identify individual abilities and necessary supports and planning for employment and living opportunities.				
6. Participate in IEP, IPE, and service plan meetings demonstrating coordination of service provision by related services with educational, rehabilitation and mental health personnel.				
7. Provide on site consultant services to support appropriate assessment, programming and support services for transition age students with deaf-blindness.				
3.4 Disseminate information to improve knowledge and skills of families and service providers involved with children (0-22) with deaf-blindness.				Technical assistance, training, and information dissemination will be accessible to families, service providers (early, school age, transition age), agencies, and organizations. An increase in the identification of local school districts in need of technical assistance. An increase in the number of recipients (service providers including para-professionals and agency directors and family members) using technical assistance, training and information disseminated in order to increase their capacity to perform best practices. An increase in the percentage of teachers with skill and knowledge on the topics of deaf-blindness. An increase in the percentage of special education teachers with skill and knowledge for teaching students with deaf-blindness. Improved student outcomes resulting from technical assistance, training and information dissemination [progress on IEP's].
Activities:				

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1. Mail informal "Focus Flyers" (3 times per year) to service providers and families of each individual on registry.				
2. Disseminate topical information related to the 20 findings, best practice, inclusive educational practices, assistive technology, communication, adaptive skills, family centered planning, etc.				
3. Respond to requests for information utilizing local and state resources (First Steps Library, IDS library, DBLink).				
4. Maintain library for updated best practice materials.				
5. Loan switches and other adaptive materials to families and service providers (USM-Gulf Coast Toy Library, Project START, Department of Health Resource Library).				
6. Establish a system of disseminating project resources and a method of reporting to project staff through the Parent Information and Training Center (Parent Partners) and the Institute for Disabilities Studies (Mississippi's UAP).				
7. Disseminate products at conferences, poster sessions.				
8. Prepare packets for families and participants of topical information at each statewide, regional or local training.				
9. Prepare and disseminate Folders/Packets for each new registry placement.				
10. Prepare and disseminate transition packets for early childhood and adult transition.				
4.0 Manage project activities for effective implementation of objectives resulting in improved outcomes for children and young adults with deaf-blindness, their families and other recipients of project services.				
4.1 Implement a performance measurement system to ensure regular progress toward project objectives and activities.				
Activities:				
4.2 Conduct and analyze ongoing measures of work scope and project performance for Formative and Summative evaluation purposes.				
Activities:				
4.3 Incorporate a diversity of perspectives in operation of the project (parents, teachers, other disciplines, professionals, recipients and beneficiaries of services).				
Activities:				

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5.0 Evaluate cost-effectiveness and impact of project activities on systems change and increasing state and local capacity to provide services that result in improved outcomes for children/youth with deaf-blindness.				
5.1 Use project resources effectively and efficiently.				
Activities:				
5.2 Utilize non-project resources effectively and efficiently.				
Activities:				
5.3 Report summary of project activities and evaluation data to Advisory Board, national consultants, at national conferences, and other federal programs for feedback.				
Activities:				

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APPENDIX F

ADVISORY BOARD MEMBERSHIP

DEAF-BLIND ADVISORY BOARD
MEMBERS

November 1, 1998

AGENCY REPRESENTATIVES

Nancy Batson
122 Meadowlark Lane
Ridgeland, MS 39157

Laquita Blackledge
Mississippi School for the Blind
1252 Eastover Drive
Jackson, MS 39211
984-8206; Fax 984-8230

Linda Bond, Executive Director
The Arc
3111 North State Street
Jackson, MS 39210
800-366-5707

Nan Christian
Hudspeth Regional Center
P. O. Box 127-B
Whitfield, MS 39193
939-8640; Fax 354-6945

Mike Gandy
Department of Rehabilitation Services
P. O. Box 1698
Jackson, MS 39215-1698
853-5304; fax 354-6087

Roy Hart
Mississippi State Department of Health
P.O. Box 1700
Jackson, MS 39211
960-7427; Fax 354-6087

Claudia Hollingsworth
Mississippi School for the Deaf
Division of Support Services
1253 Eastover Drive
Jackson, MS 39211
987-4181

Ashley C. Lacoste
Bureau of Mental Retardation
Department of Mental Health
1101 Robert E. Lee Building
Jackson, MS 39201
359-1288; Fax 359-6295

Margie Lee
Madison County Schools
Office of Special Services
P.O. Box 159, 17 4th Street
Flora, MS 39071
879-3050

B.J. Maxson LeJuene
Research & Training Center in
Blindness and Low Vision
P.O. Box 6189
Mississippi State University
Mississippi State, MS 39762
325-2001
bjmax@ra.msstate.edu

AGENCY REPRESENTATIVES CONTINUED

Sam Givhan
Department of Counselor &
Educational Psychology
P. O. Box 9727
Mssissippi State University
Mississippi State, MS 39762
325-1759; fax 325-3462
sgivhancolled@msstate.edu

April Miller, Chair
University of Southern Mississippi
Department of Special Education
Box 5115
Hattiesburg, MS 39406-5115
266-5237

Gina Sherman
Signature Works
P. O. Box 30
Hazlehurst, MS 39083
894-1771; Fax 894-4758
SigGina@aol.com

Brenda Wagner, Program Developer
Pearl Public Schools
Box 5750
Pearl, MS 39288
932-7965
Bwagner%ppss@k12.ms.us

Claudell Weaver, Program Developer
Louisville Separate School District
P. O. Box 909
112 S. Columbus
Louisville, MS 39339
773-4010; Fax 773-4013

Rell Webber
Division Director II
Vocational Rehabilitation Deaf Services
P. O. Box 1698
Jackson, MS 39215
853-5310; Fax: 853-5325

FAMILY REPRESENTATIVES

Jean Cox
2730 Twin Acres
Pearl, MS 39208
939-4498

Sheri Little
3608 Halls Ferry Road
Vicksburg, MS 39180
634-0322

Sue Morgan
547 W. Gallatin
Hazlehurst, MS 39083

Mary Parks
2064 Salem Road
Hazlehurst, MS 39083
277-3025; Fax 277-3170

Sheila Pearson
406 Forest Lane
Ridgeland, MS 39157-4134

Kathy Pounds
112 Ramey Road
Waynesboro, MS 39367-2521

NATIONAL REPRESENTATIVES

Susan (Brooks) Lascek
HKNC Regional Representative
10005 Virginia Avenue, Suite 104
Atlanta, GA 30354
404766-9625
sb-hknc@juno.com

Nancy Ann Sherman, Regional Director
National Family Association
for Deaf-Blindness
25449 Pecan Road
Pass Christian, MS 39571
228-255-5995

SERVICES FOR DEAF-BLIND STAFF

Theresa Bennett Pender, Project Director
(Interim)
University of Southern Mississippi
Box 5115
Hattiesburg, MS 39406-5115
800-264-5135
Theresa.Bennett@usm.edu
deaf-blind@usm.edu

Jan Holston, Project Coordinator
University of Southern Mississippi
Box 5115
Hattiesburg, MS 39406-5115
800-264-5135
Janice.Holston@usm.edu
deaf-blind@usm.edu

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